VILLAGE LEVEL COVID-19 PREPAREDNESS

Report of an action based research conducted in selected villages to understand the impact of empowering local committees in leading COVID-19 Preparedness

September 2020 to January 2021

Action Research Report submitted by Healing Fields Foundation

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EXECUTIVE SUMMARY

Rural India was hit with a multidimensional crisis due to the COVID-19-19 pandemic, impacting health, livelihoods, infrastructure, and access to essential goods and resources. As a tool for bringing ownership of crisis response to the village level, a community based model was proposed. COVID-19 Committees were designed and activated to be diverse and representative leadership bodies that could prepare for COVID-19 outbreaks, using the 3 P model, prevent COVID-19-19, protect vulnerable individuals by promoting behavior change through education, identification, follow up, and monitoring by the volunteers and committee members with support from the Community Health Entrepreneurs.
In order to track preparedness, a COVID-19 Preparedness Survey of the village and scoring system were developed and utilized prior to and after implementation. The assessment was done in 214 implementation and 30 control villages. Implementation villages saw large shifts in terms of infrastructure mapping, creation of action plans and referral practices. After community education was done, surveillance by committee members ensured behavior change and implementation of the 6 weapons against COVID-19. 94% of the villages moved from red which indicated least COVID-19 preparedness to Green which indicated good preparedness where the education and activation of committees was done by the CHE. The control 30 villages did not demonstrate any positive changes.

INTRODUCTION & CONTEXT

Healing Fields Foundation (HFF) is building vibrant eco-systems of rural health care in areas where basic health services are absent or severely deficient. HFF works in rural areas of poorer states to impact change in the areas with the greatest amount of need. The approach is holistic, working to prevent health problems and facilitate access to health services and entitlements from the government, as well as treat minor concerns with diagnostic care, triaging and product support. It is doing so by transforming once – voiceless and marginalized women into Community Healthcare Entrepreneurs and health leaders with a stake in the well-being of their communities.

Healing Field's flagship program trains women from marginalized and underprivileged areas and empowers with the knowledge to build healthier communities. They are trained in basic first aid, illness prevention, nutrition, WASH, menstrual hygiene, common illness, access to entitlements so that they are not only a source for important information, but can act as a first responder for minor health issues. They concentrate on key areas like health education, access to healthcare as well as nutrition and sanitation intervention. Trained and mentored in entrepreneurship alongside community health leadership, the CHEs assure a steady supply of health and sanitation products. These CHEs were the activation point for this project to bring COVID-19 knowledge and best practices to the village level.

GiveIndia is a giving platform established in 2000 with a vision to alleviate poverty by enabling the world to donate. As a web portal, it helps raise funds and contributions from individuals across India and the world and then disburses these donations to credible Indian NGOs.

Indian School of Development Management (ISDM) is an institution founded to create, strengthen and establish Development Management, a domain that transcends the exclusive silos of 'development perspectives' and 'management principles'. ISDM recognizes the need to 'professionalize' the Leading and Managing of Social Purpose Organizations (SPOs).

Healing Fields partnered with Give India and ISDM in this project where the funding was given by GiveIndia and technical support through ISDM partnership which was for the research and academic outcomes of this project. The **3 P** framework which was the cornerstone of this project was conceptualized in partnership with ISDM.

HYPOTHESIS

Village level committees like the Village Health, Sanitation and Nutrition committees with the frontline health workers, local PRI members as members of the committees have been tried and tested models for community participation in addressing local challenges but in many of the villages these committees are not functional. This was the foundation for our model of a committee of volunteers and local leadership to manage the COVID-19 situation and preparedness at the village level and Healing Fields' trained Community Health Entrepreneur was the nodal point who were created or activated these committees with support from the PRI leaders .

The action research aims to test and establish the hypothesis that empowering local leadership and accountability would lead to community resilience and preparedness for handling the pandemic.

OBJECTIVES

When we initiated the project the objectives were:

- Increasing awareness of COVID-19
- Prevention by ensuring behavior change in communities through training of community representatives and volunteers,
- Preparing villages to be ready in the event of a COVID-19 outbreak and
- Protecting local systems and communities especially the vulnerable from a massive COVID-19 crisis.

When the project was first implemented, rural India was experiencing a multi-dimensional crisis. Home to nearly 70% of India's 1.3 billion population, the nation's villages have little access to health care and are struggling to support themselves through the country's prolonged economic slowdown. A national lockdown froze income opportunities for communities without enough disposable wealth to manage months without employment. Migrants, stranded in major cities across India, were beginning to return home and fear of spread of COVID-19 was real. To face this challenge, collective action at the village level was envisioned to build strength and resilience. By moving from a patient-centered care model to a community-centered care model, we alleviate pressure on

overloaded health infrastructure, while empowering the community to safely address its own needs and take responsibility of their own as well as the community's health. Misinformation about COVID-19 19 and stigma were other major issues in villages and are better addressed with correct information, empathy and care. Village level implementation of safety measures was a requirement to prevent the spread of infection. There is a need for community-based isolation when homes are unsuitable and there is a risk of transmission to the entire neighborhood with common pathways and roads to toilets, shared toilets, shared water points and more vulnerable population (like elderly, people with comorbidities and other risk groups) in the family. Another benefit of this facility is the reduced stigma for the quarantined person and their family by neighbors.

3 P FRAMEWORK

The "3 P Framework" of **Prevent, Protect** and **Prepare** was envisioned to increase awareness of COVID-19 **prevention**, ensure behavior change in communities through the training of community representatives and volunteers, **prepare** villages to be ready for a COVID-19 outbreak, **protect** local systems and communities, and lay the groundwork for dissemination of the COVID-19 vaccine. To achieve this, Healing Fields activated existing Community Health Entrepreneurs (CHEs) to create COVID-19 Committees for community ownership towards the pandemic response. Developing this leadership supports resilient and sustainable communities.

For each element, we had goals aligned to the 3 P structure:

- **Prevent**
  - Educate the community with the help of the CHEs, Village Representatives and Volunteers on prevention of COVID-19, understanding the importance of the 6 weapons that is needed to fight COVID-19
- **Protect**
  - Strict reverse Quarantine for Senior Citizens (Age greater than 60 years) by Identifying households with senior citizens (60 years of age) and tagging them for special attention and regular follow-up
  - Creating awareness regarding increased risks of disease for the elderly

- Creating an action plan to take care of the elderly (e.g. wearing and washing of masks and handkerchiefs; and instructions such as, those people who are not infected continuing with the practice of sleeping on the terrace/roof as long as the weather permits, limiting the number of caregivers to just one, for home care of sick people in crowded homes)
- Similar plans for other vulnerable Households – pregnant women, handicapped, high risk patients with other diseases (Mapped to PHCs, nearest SHG, Community kitchen etc.)

- **Prepare**
  - Take Stock of Healthcare Infrastructure in the Community by clear mapping of the entire healthcare infrastructure in the community, including primary care providers, transportation mechanisms, and nearest hospitals so that each member of the community is mapped to a particular primary care provider
  - Identify Government schools or panchayat hall in villages and prepare to isolate patients tested positive who are asymptomatic or have mild symptoms

6 Hathiyars (Weapons)

In order to communicate best practices to the community, the **6 Hathiyar** (weapon) framework was utilized in committee and community education sessions. These are the trusted and verified methods for reducing transmission of the coronavirus. They were:

1.Use of Mask
2. Physical Distancing
3. Frequent Hand Wash
4. Keeping Surfaces Clean and sanitized
5. Isolation of Sick Individuals
6. Protection of the Vulnerable

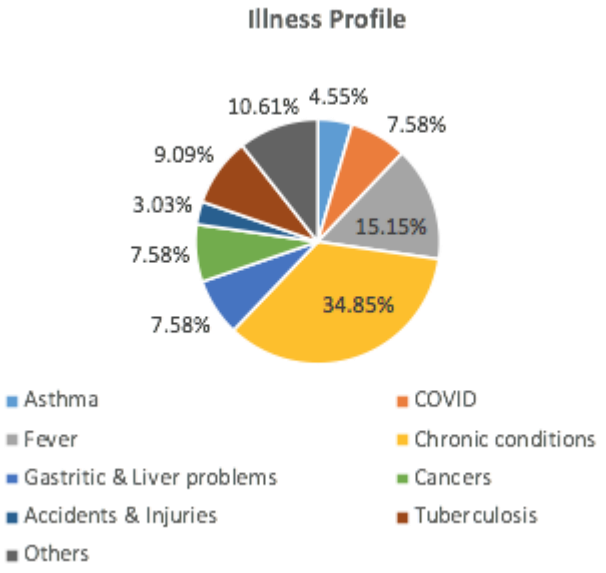
Background Research

Health and illness data

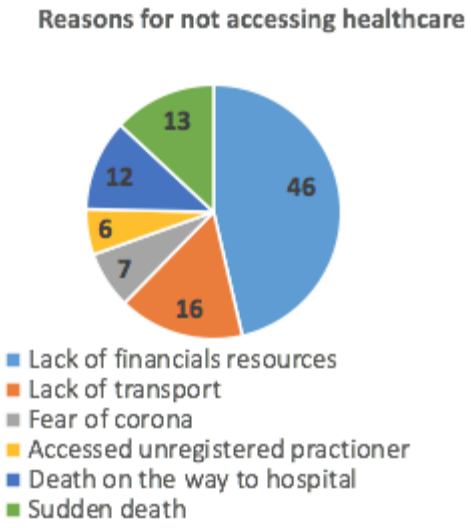
Health and illness data being collected by Healing Fields gives a baseline context to the health scenario in the target areas. Fear of COVID-19 was prevalent in these regions, with 85% of respondents reporting fear and anxiety regarding COVID-19. Fear of Corona was also cited in regards to not accessing necessary healthcare. For cases and illness in these districts, 18% could not access healthcare and 16% discontinued medication treatment for chronic conditions during the pandemic. In this context, the pillars of the project

addressing knowledge dissemination, work against COVID-19 stigma, and compliance to best practices, were crucial towards community well-being.

Graph 1



Graph 2



METHODOLOGY

This is an action based research which aims to test the hypothesis on impact of building local leadership and responsibility on the village level preparedness for dealing with the pandemic.
For this project 100 villages in Uttar Pradesh, 100 villages in Bihar, 10 villages in Jharkhand and 4 in Telangana were selected as implementation villages to pilot a committee based COVID-19 intervention model. 30 villages from the same geographies were selected as control villages to test and validate the hypothesis and impact. Healing Fields already had a network of trained Community Health Entrepreneurs (CHE) in these regions who were pivotal for building these committees, leading education and driving behavior change.

The **3 phases** in this action research included:

1. Baseline village assessment and community profiling through household survey
2. Project Implementation
3. Endline assessment

This was a comparative action based study which compared the parameters in implementation villages to the parameters in selected control villages, before and after the project implementation.
214 implementation villages and 30 control villages were selected for this study. The villages where there was an already active CHE who was involved in the COVID-19 response by Healing Fields was selected as implementation village. Villages at distance for 5 to 10 kms from the implementation village where there was no CHE were selected as control villages.

2 levels of assessment were done as a part of this study:

1. **Household survey**

   Household survey was conducted to get a demographic profile, COVID-19 prevention behavior, health care access, and awareness of the community.
   Household survey was conducted in 64 implementation villages and 30 control villages. 20 households per village were selected by a random sampling method and surveyed. The survey was done in a total of 1880 households.

2. **Village assessment**

   Village assessment was conducted to understand the preparedness of the village to manage COVID-19. This was done in 214 implementation and 30 control villages. Using traffic light assessment tool to categorize the villages based on the level of preparedness and to move them to the next level.

DEVELOPMENT OF TOOLS

As an assessment tool, the COVID-19 Village preparedness checklist was created against which to measure communities, and their shift towards preparation. Each question was given a weightage reflecting its importance to the overall preparedness of a village. For example, whether vulnerable members of a community were in reverse quarantine was weighted at 3 points, whereas vulnerable members being identified was weighted at 1 point. The maximum number of points in the final analysis was 130, and each score was given as a percentage of that total. Villages with less than 60% of the available points were placed in the red zone, villages above 60% but less than 75% were scored as orange. Villages above 75% were considered green.

Survey questionnaire attached as annexure – Annexure 1
Screen shots from the mobile app attached as annexure – Annexure 2

Implementation & Findings

Prepare

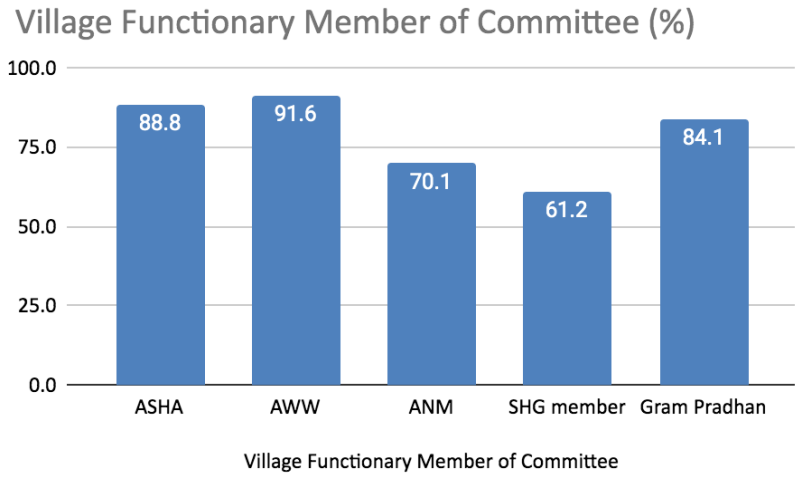
For the Prepare element of the project, the aim was to give communities the tools to ensure COVID-19 preparedness in their villages. This included committee formation, infrastructure mapping and training of committee members and volunteers.

The CHEs were identified based on the work that they have done in their villages on COVID-19 and were explained the objectives of the project, the 3 P model, importance of the committee, members, assessment and household survey.

With the CHEs staff met the PRI members and explained the same and committees were formed.

Committee Formation

- Committees were formed in 214 implementation villages to include 2202 committee members.
- The average committee size was 11.7, and the average number of women in the committee was 60%.
- There were a total of 415 volunteers; the average number of volunteers in the committees was 2.5.
- **Diversity was a key design element to ensure representation in the committee: Dalit members were involved in the committees in 74% of villages, SC/ST members were on committees in 87% of villages and BC members were on committees in 88% of villages**.
- The membership of important village functionaries like Gram Pradhan, ASHA workers, Anganwadi workers, ANM and SHG members are important parameters of the long-term sustainability of the committee model. These members, like the HFF CHE, are existing leaders in the community who can help onboard other community members and use social capital to influence compliance.



Graph 3

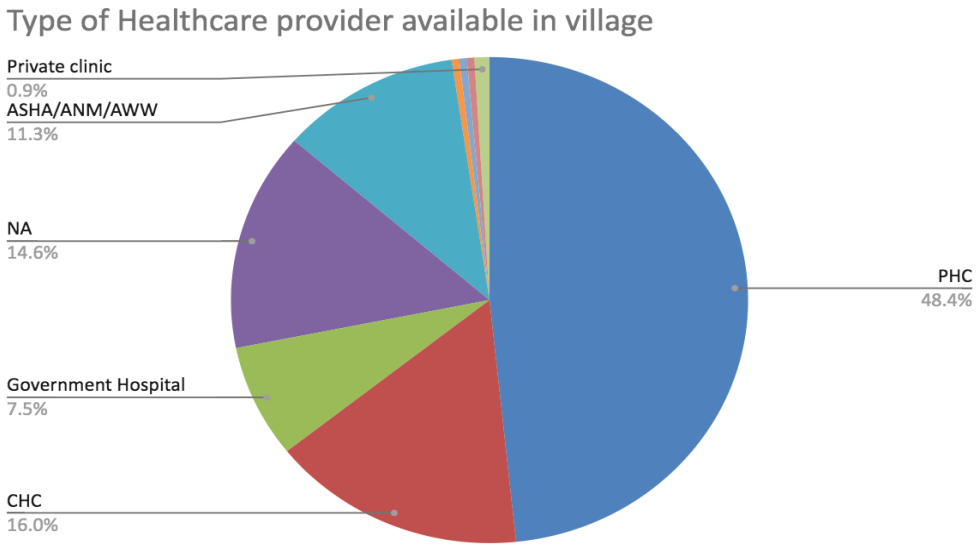
	Target	Bihar	UP	Jharkhand	Telangana	Total
No of villages	**204**	100	100	10	4	**214**
No of committees	**204**	100	100	10	4	**214**
No of committee members	**2040**	1059	926	146	71	**2202**
Number of Volunteers	**408**	199	177	31	8	**415**

Training of the committee members and volunteers

Training sessions were conducted by Healing Fields team for CHEs and committee members to cover COVID-19 best practices, necessary action steps and village preparedness. Training was done using interactive tools, role play and visual elements in order to best communicate important information. Healing Fields provided training and templates for committee formation, committee action plans and community tracking to these committees in order to support documentation and ownership of data. Each committee received two full day training from Healing Fields trainers in order to ensure full attendance and full coverage of information. Every committee was given a register which was maintained by the CHEs to track meetings and education sessions.

Mapping of health infrastructure: Committees then started mapping facilities for COVID-19 testing and isolation of COVID-19 positive patients and regular health services used by the communities in order to be prepared in case of COVID-19 health needs arising in the community.

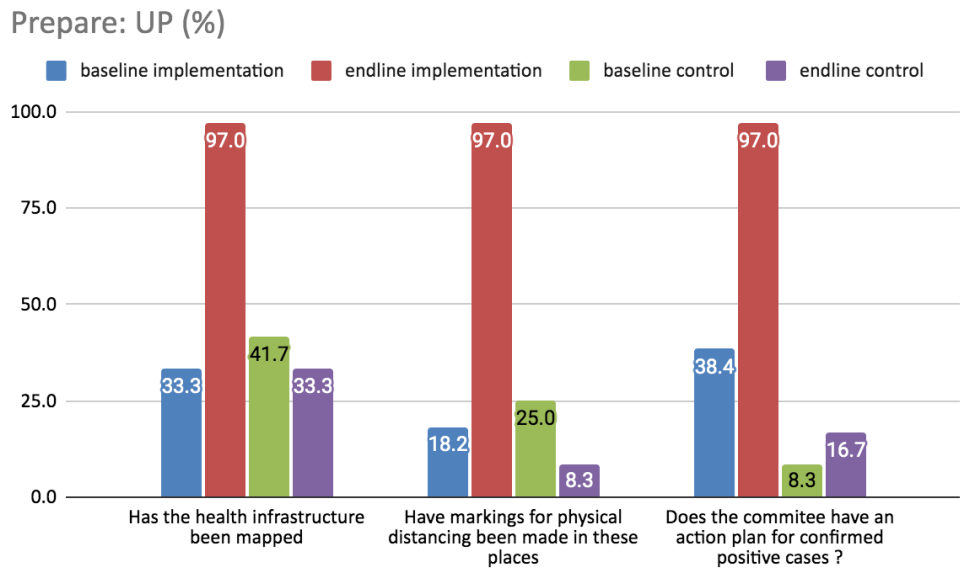
Reporting templates attached as annexure – Annexure 3



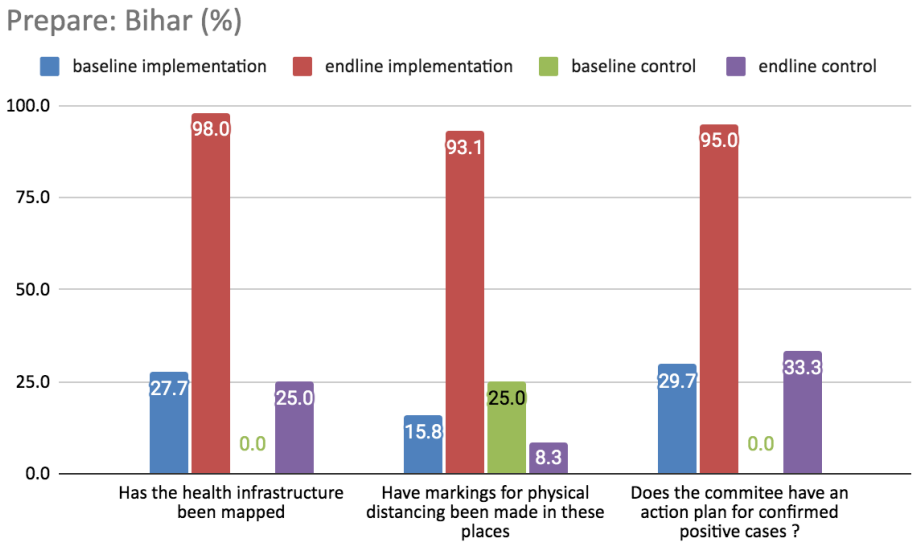
Graph 4

State wise COVID-19 Preparation measures:

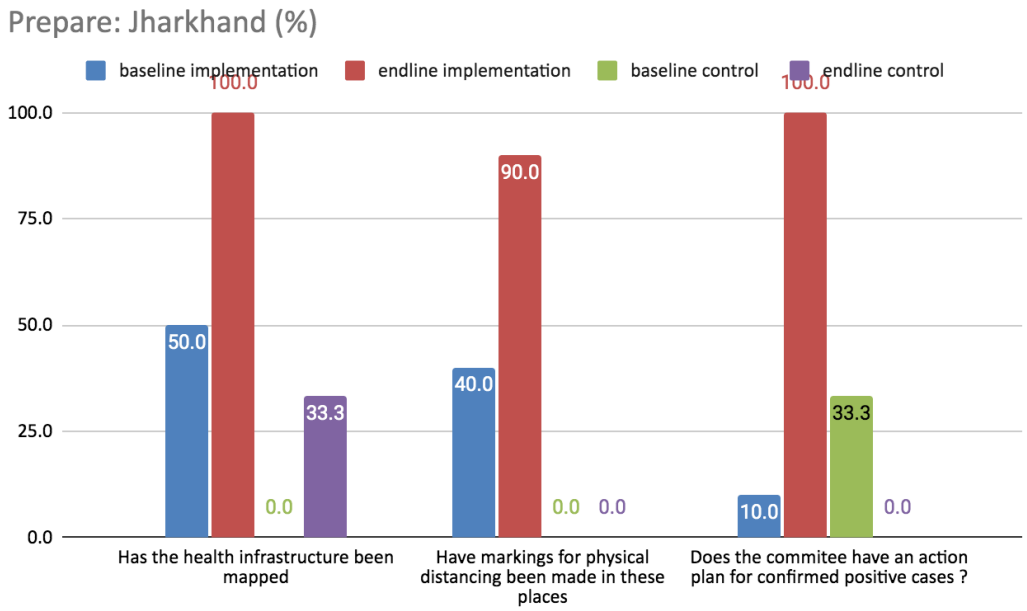
Graph 5



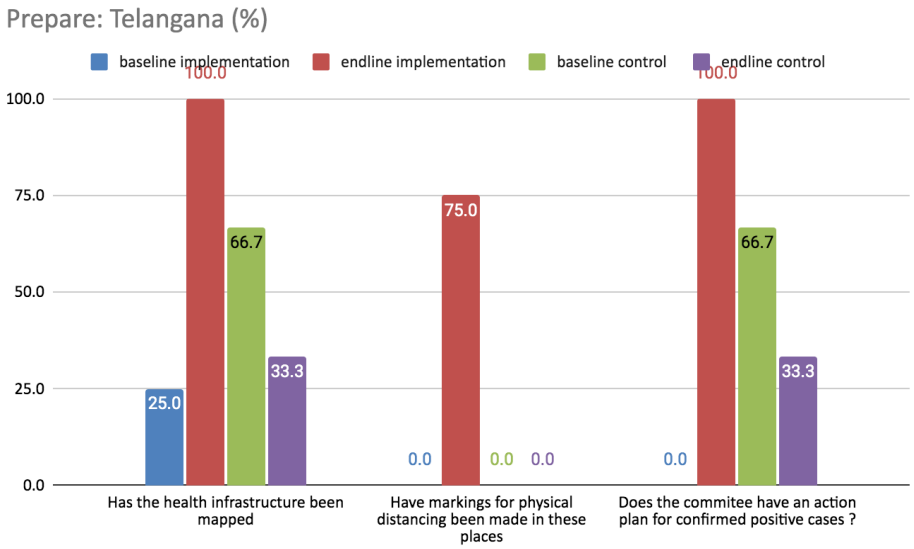
Graph 6



Graph 7



Graph 8



As seen in the above graphs, in all the 4 States there has been a significant improvement in preparation measures like mapping of infrastructure, markings for social distancing and committee action plan from the baseline to endline. On the contrary in the control villages these parameters had reduced by endline indicating that in the absence of an active committee and a CHE facilitating the activities there is poor compliance to COVID-19 protocols.

Prevent

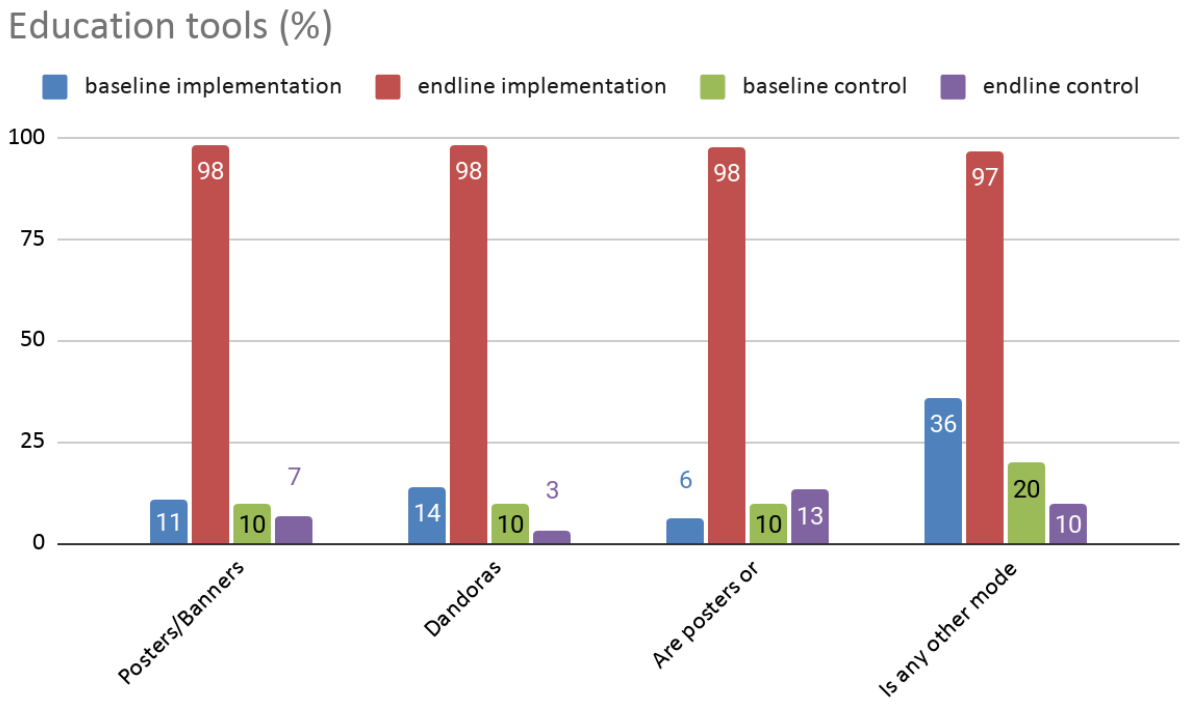
The Prevent stage of the project was designed to limit the spread of COVID-19 infections in the village. Community members were educated on best practices through education sessions and information displayed prominently in the village. Important topics included the 6 Hathiyars, preventing COVID-19 stigma and ongoing implementation of best practices.

1. Use of Mask
2. Physical Distancing
3. Frequent Hand Wash
4. Keeping Surfaces Clean and sanitized
5. Isolation of Sick Individuals
6. Protection of the Vulnerable

Across the target areas, 280,500 community members were educated on these topics. Along with education sessions which utilized interactive tools like posters and role play, information was shared in each village through banners at strategic locations in the village, dandoras, posters and IVRS. The IVRS was used in partnership with Gramvaani to provide access to information and also COVID-19 self-assessment to the community.

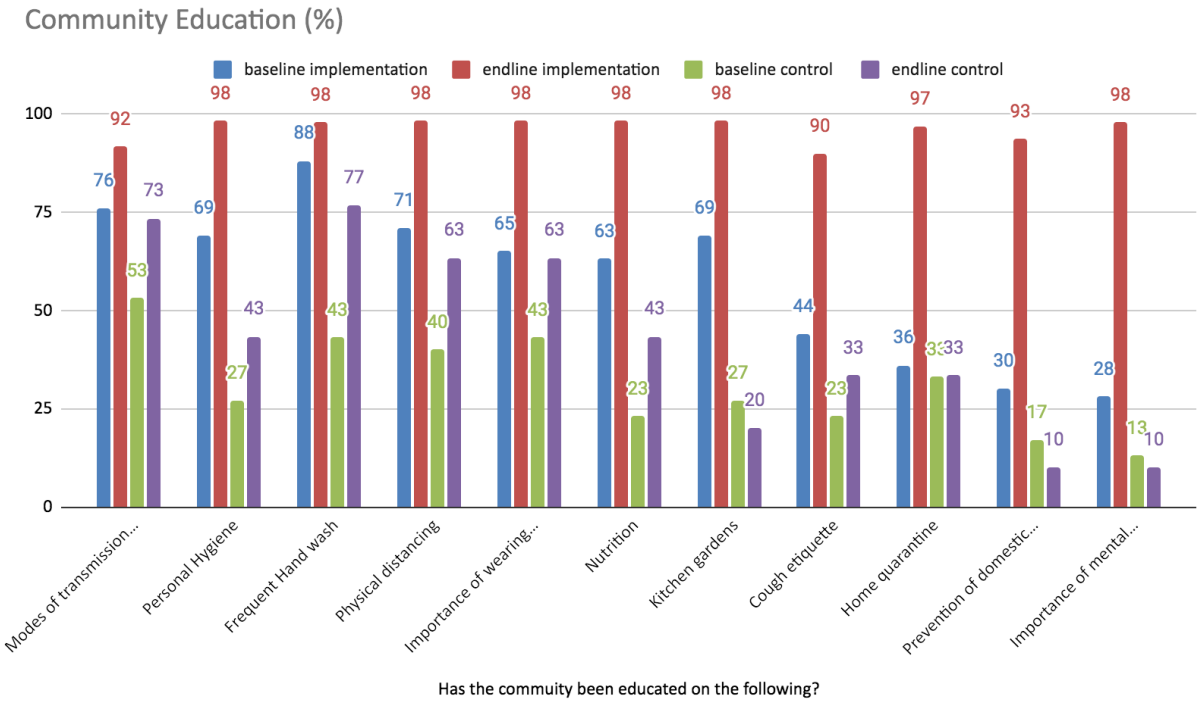
Multiple avenues of communication and knowledge sharing were crucial for ensuring wide coverage and uptake in the community.

	Target	**Bihar**	**UP**	**Jharkhand**	**Telangana**	**Total**
No of villages	**204**	100	100	10	4	**214**
Districts	**10**	7	9	2	1	**19**
Community Education sessions held		3143	3237	306	122	**6808**
Community members educated	**280,500**	104700	96450	9965	4060	**280,565**



Graph 9

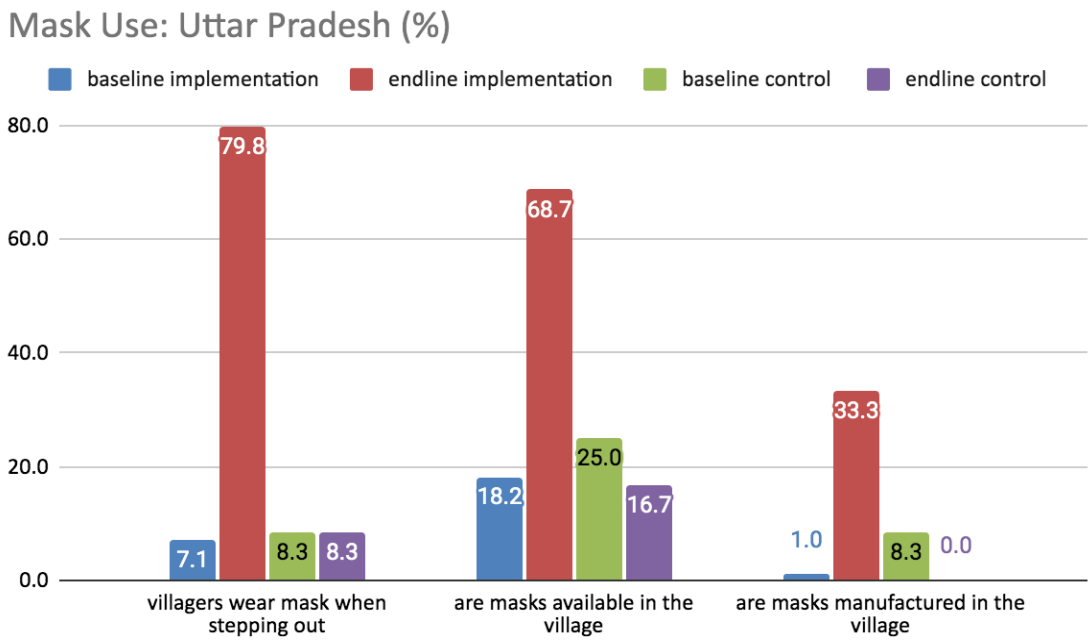
As per the above Graph the IEC materials like posters and dandoras were used extensively in the implementation villages which was however not the case in control villages.



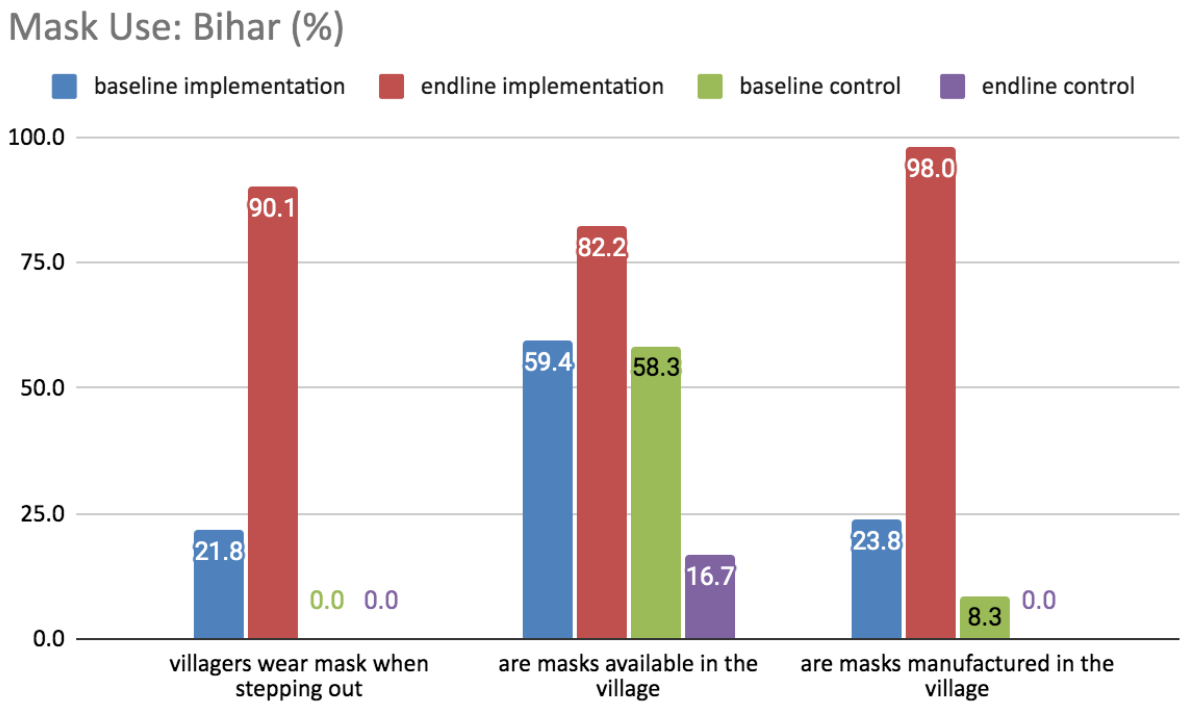
Graph 10

This Graph shows that there has been considerable education on basic COVID-19 prevention protocols like handwashing, modes of transmission, physical distancing and importance of mask in both control and implementation villages. However in areas like nutrition, kitchen gardens, prevention of domestic violence and importance of mental health the education was lacking in control villages compared to implementation villages. This establishes the role of CHEs and volunteers in ensuring a more comprehensive awareness creation in their villages with the support of a facilitating organization.

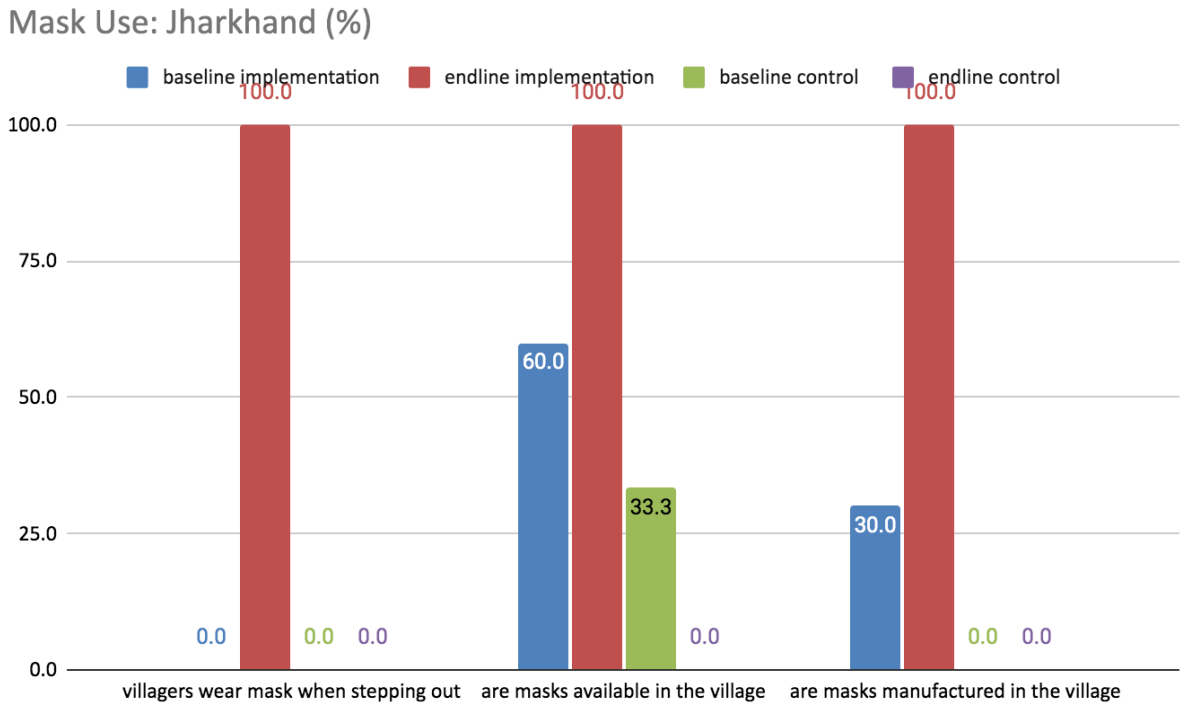
One parameter for measuring understanding and uptake in communities is behavior change. One of the most important tools in fighting COVID-19 is mask wearing, so the prevalence of mask wearing by community members is a good barometer. Mask use change from baseline to end line is provided State wise below.



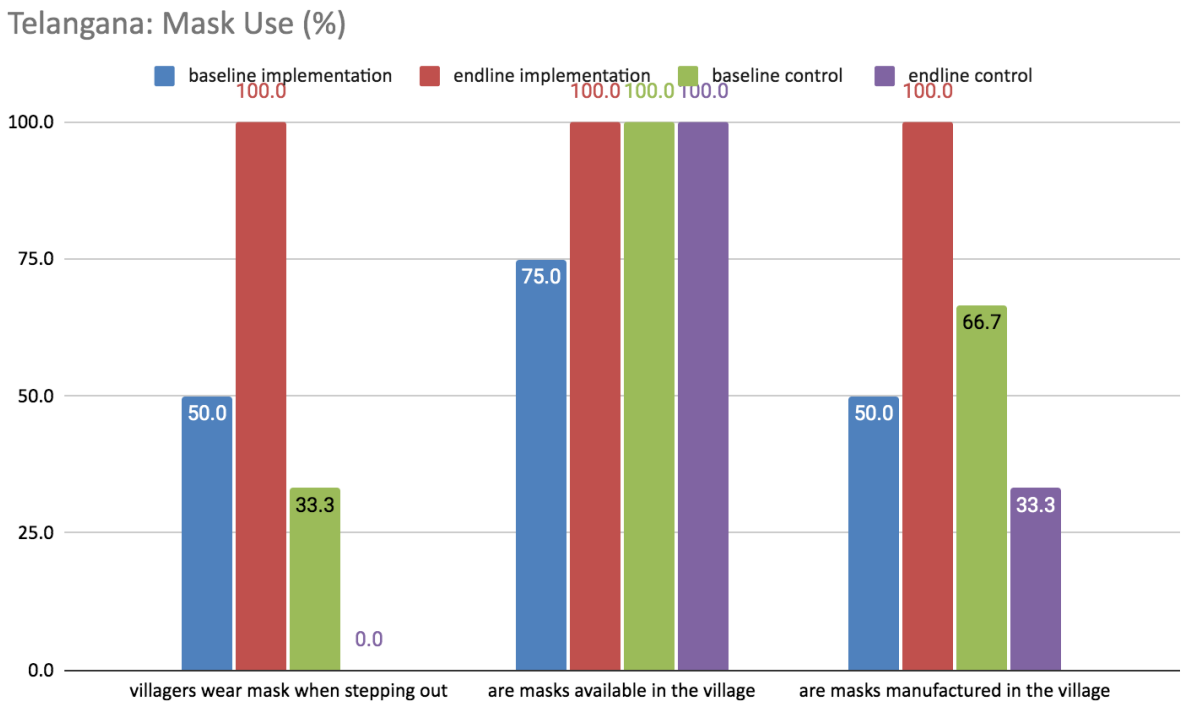
Graph 11



Graph 12



Graph 13



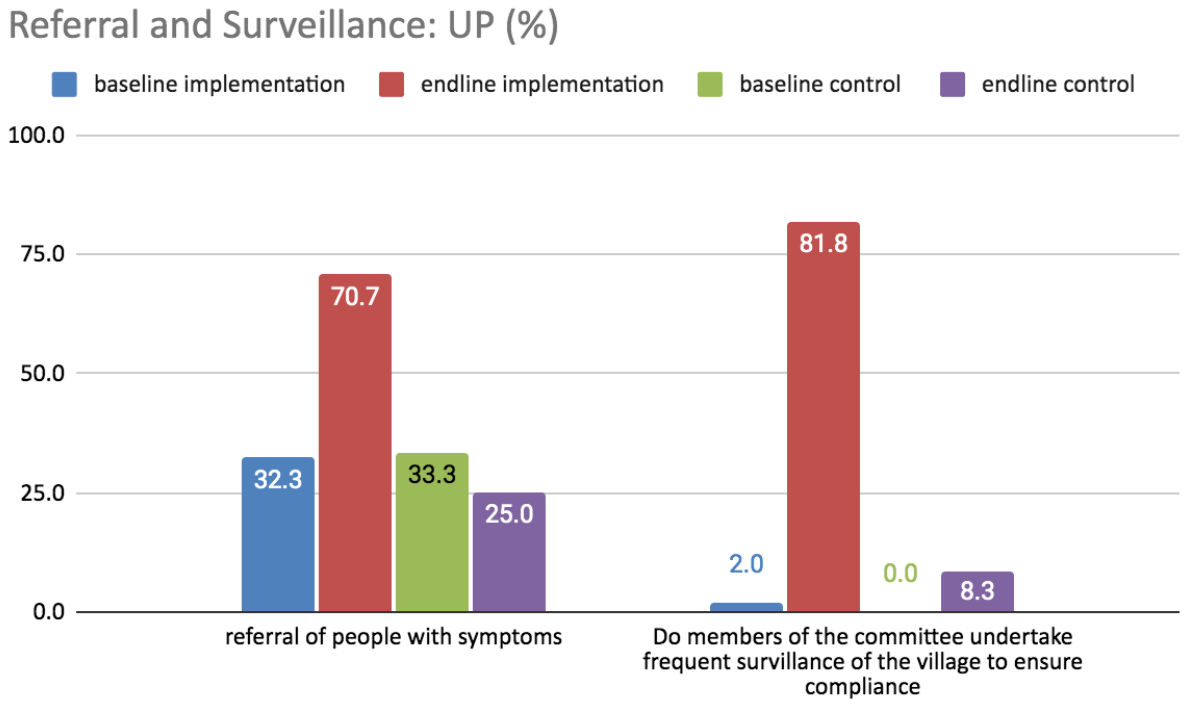
Graph 14

The above graphs are a good representation of how in the implementation villages the committees have ensured the compliance to a very critical protocol like use of mask which was not the case in control villages.
In Bihar and Telangana we see a very high percentage of villages where masks are manufactured locally due to the strong SHG presence in Bihar through Jeevika and in Telangana which initiated local mask manufacture with all their SHG groups.

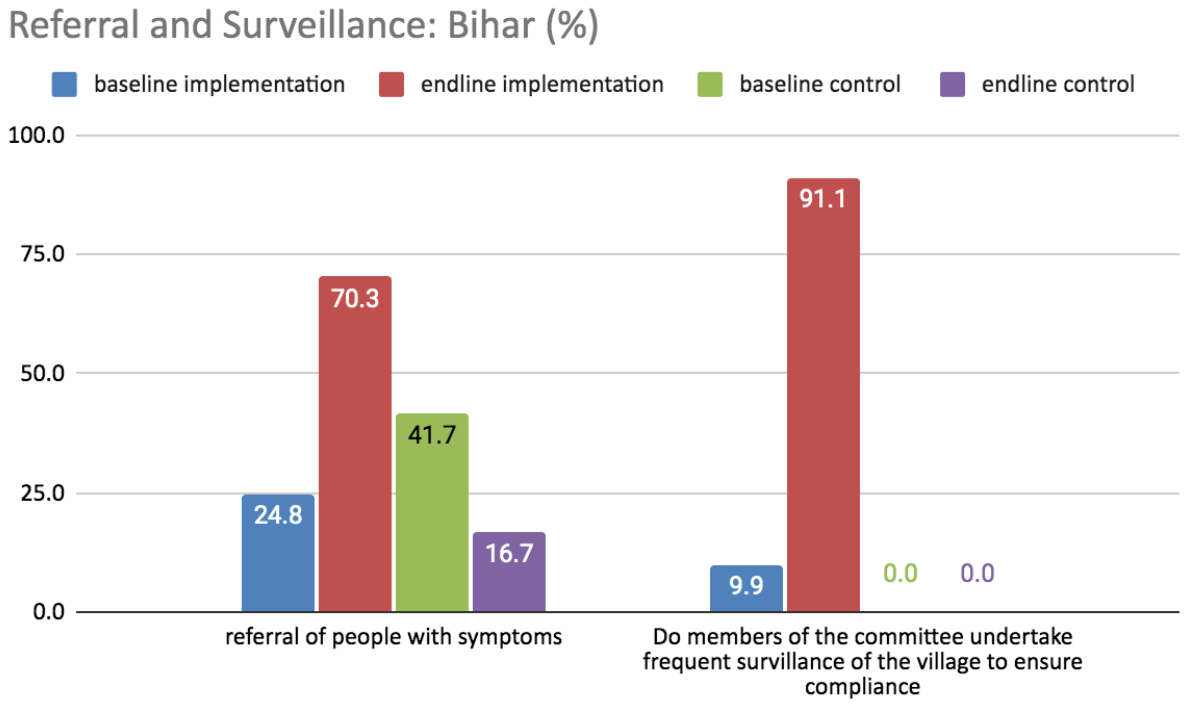
Protect

The Protect stage of the project was an essential element that focused on keeping all community members safe. Care and isolation for the vulnerable, compliance monitoring and linking families to entitlement were crucial.

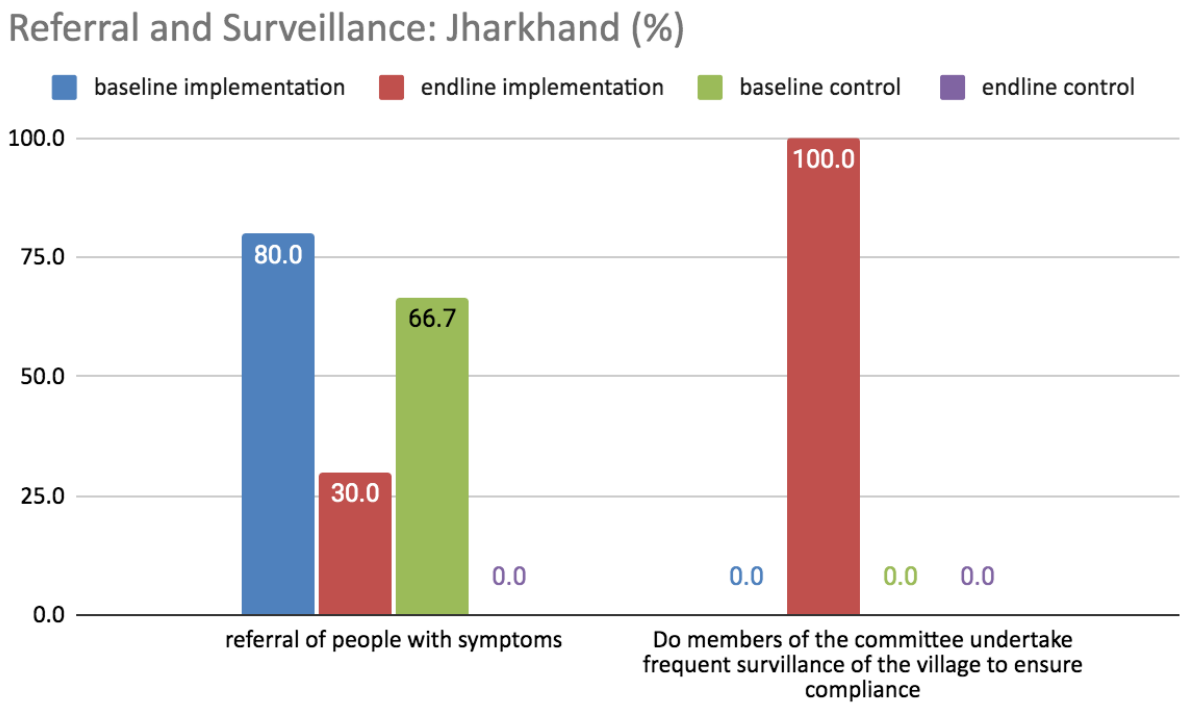
After in-depth education of the community on best practices, the well-being of the community was protected through protocols for testing, referrals, isolation and follow up of COVID-19 positive community members. Committees were responsible for surveillance of public areas of the village to ensure mask wearing, hand washing and physical distancing. These outcomes are given State wise below.



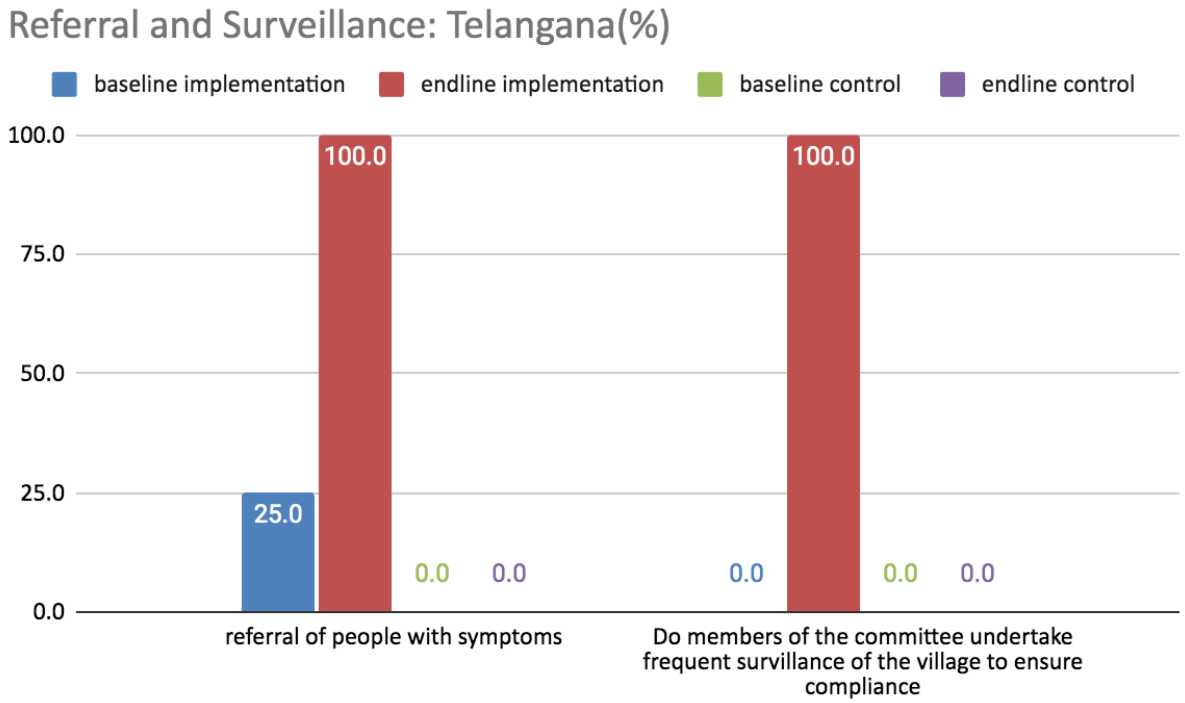
Graph 15



Graph 16



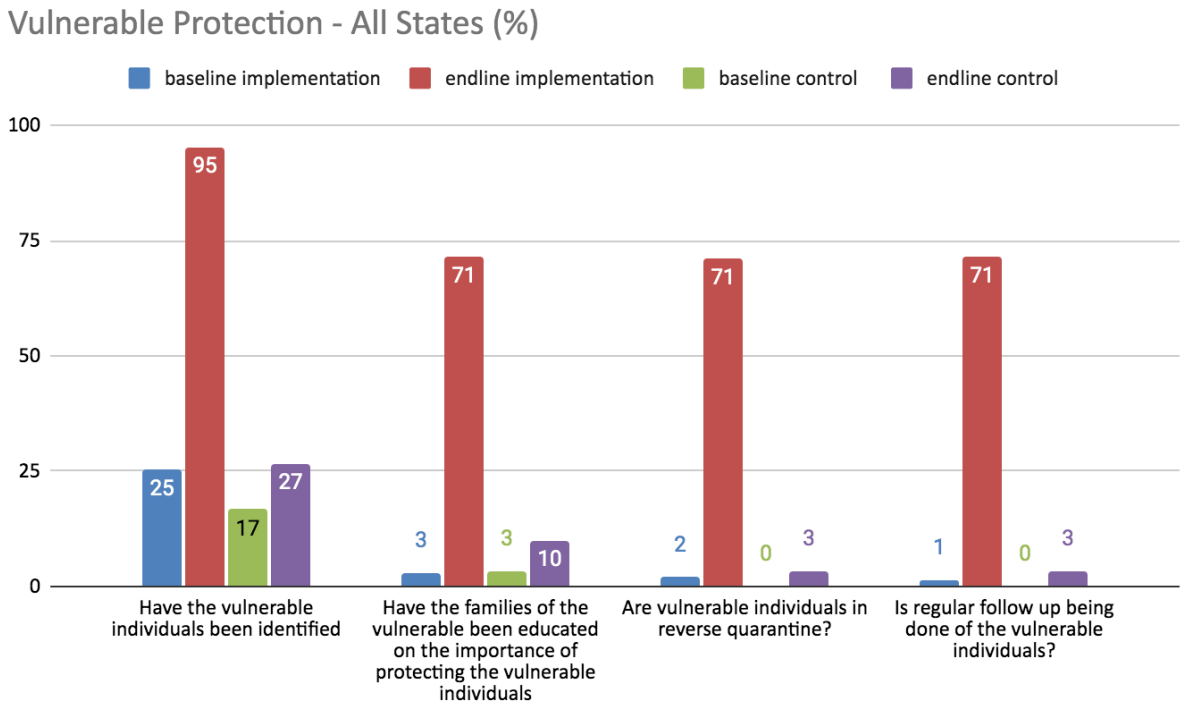
Graph 17



Graph 18

The above graphs represent the protection protocols like referral of people with symptoms and village level surveillance which is seen in majority of the implementation villages. In Jharkhand it can be seen that the referral of people with symptoms has dropped for both control and implementation villages which was due to the reduction in cases reported.

A cornerstone of the Protect stage was the identification of vulnerable members, educating their families on best practices and ensuring their reverse quarantine. Across implementation villages, 8494 vulnerable individuals were identified as vulnerable and their families educated on Protecting them.



Graph 19

As represented in the above graph in the implementation villages the committees had closely followed up with the vulnerable individuals and their families and educated them, while this was not seen in the control villages.

Suman Devi was trained by Healing Fields and has been working in her community for 6 years. During the pandemic, she has shifted to creating awareness about COVID in her community. Not satisfied with the COVID compliance in the community, she formed the COVID management in her village with 15 members, including the Gram Pradhan and ASHA worker. She identified 60 vulnerable individuals and educated them and their families. One vulnerable individual, 75 year old Bhusai Devi, did not want to follow any safety protocols. Suman explained the importance of protecting Bhusai Devi to her family. Bhusai's grandchildren immediately understood the seriousness and they committed to ensuring their grandmother's safety.

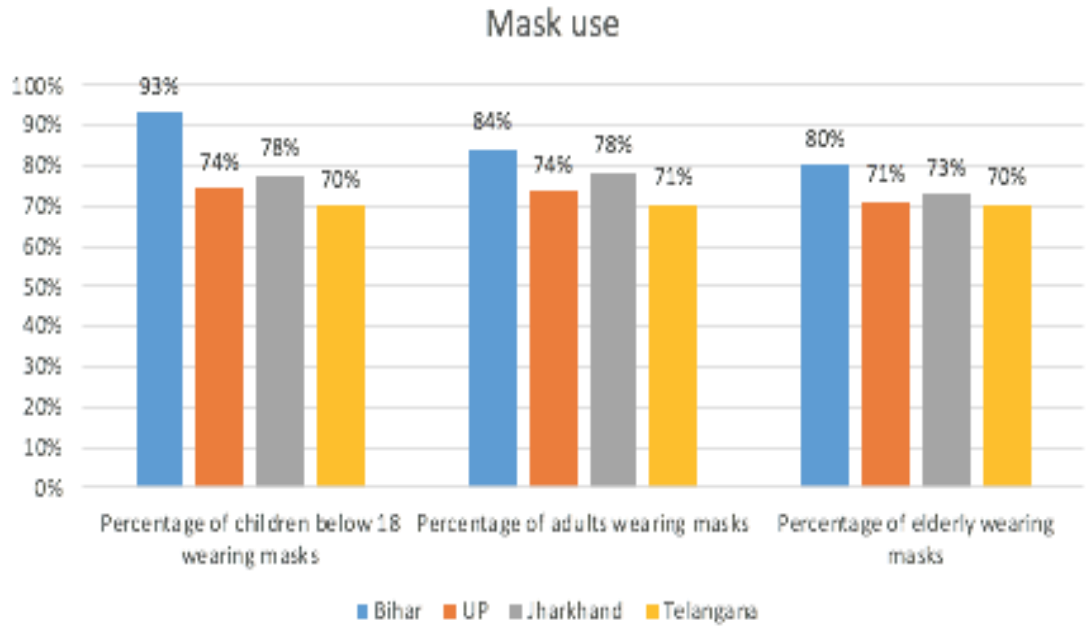
CHEs and the committees identified vulnerable families and connected them to 3139 entitlement programs. These programs connect needy families to job, rations and funds to support them during the economic difficulties of the current pandemic.

State	No. of Job Cards	No. of Ration Cards	No. of PM Kisan Samman Yojana	No. of Ujjwala Yojana	No. of Jan Dhan Accounts opened	Other Support (Specify)	Total
Bihar	455	709	123	50	303	0	**1640**
UP	341	166	195	251	356	114	**1423**
Jharkhand	56	5	14	0	1	0	**76**
	852	**880**	**332**	**301**	**660**	**114**	**3139**

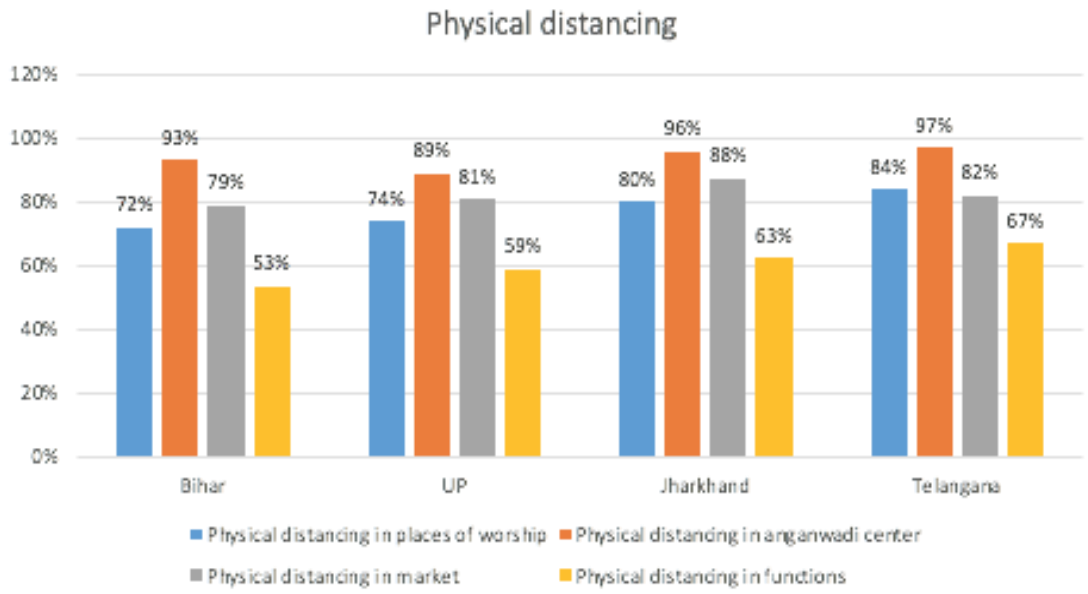
CHE Anita met Geeta, who lives in a large family which had no food and no income, and worked quickly to intervene. Since Geeta and many other women in her village did not have bank accounts, they were not receiving the Government's cash transfer into Jan Dhan accounts. CHF Anita met with 25 women and helped them open accounts in the bank. She also coordinated with the Gram Pradhan and ensured these women received the mone, so these families could sustain themselves.

Compliance audits

Another important step taken by the committees was a compliance audit to measure community behavior change. This brought ownership of outcomes to the committee level where they could evaluate the results as a consequence of their work in their villages.



Graph 20

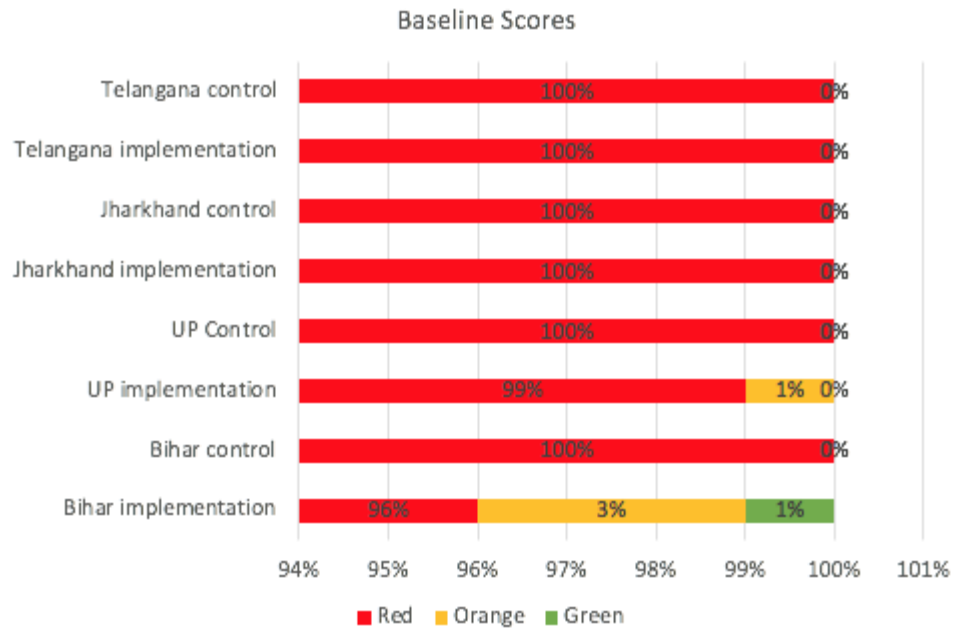


Graph 21

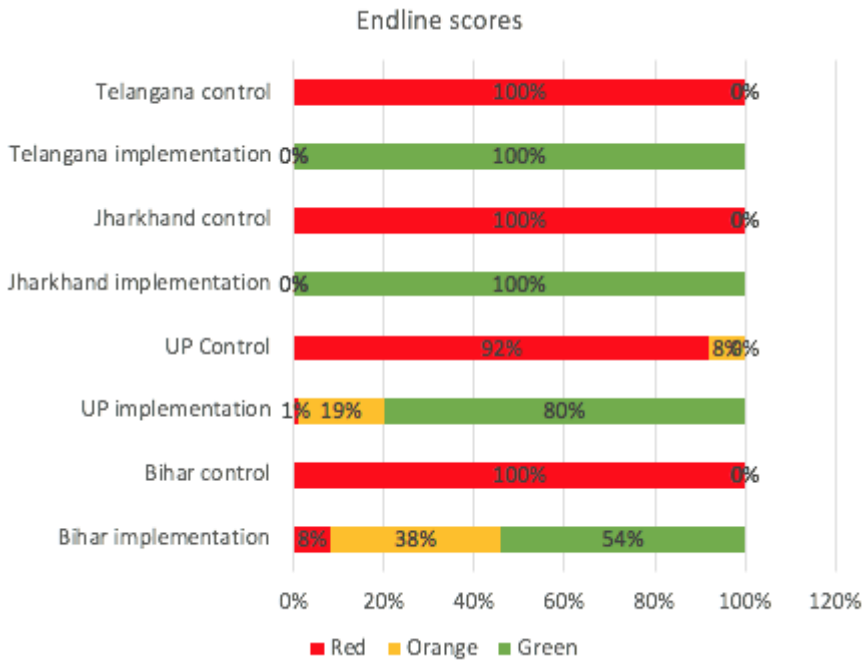
The above 2 graphs from the Compliance audits corroborate with the findings of the village assessment in terms of use of masks and physical distancing. The only challenge was in terms of maintaining physical distancing during functions, political and religious gatherings.

ANALYSIS:

The project features 214 implementation villages and 30 control villages for a total of 244 villages. These 30 control villages were an important feature of this pilot project to illustrate impact. Each village was surveyed utilizing the COVID-19 Preparedness Checklist prepared by Healing Fields Foundation before project implementation, and after completion. Additionally, a household profile assessment was conducted at the beginning of the project in 64 implementation villages and 30 control villages, totaling 1880 households. Each village had 20 households interviewed: selection of villages and households was done by a random sampling technique. The household survey highlighted changes in income before and after lockdown, recent illness data, mental health effects of COVID-19 and impact on children. The survey assessment showed large shifts along the preparedness score spectrum to the majority of intervention villages. Overall, implementation villages moved from 97% to 3% red, 2% to 27% orange, and 1% to 70% green. These shifts are broken down state wise below.



Graph 22

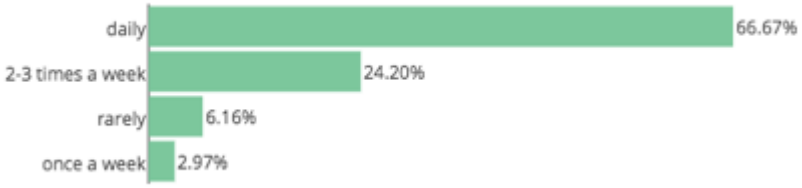


Graph 23

As shown in the above graphs there has been shift in the implementation villages from red to green and orange while the control villages were all still in the red zone at the end line assessment.

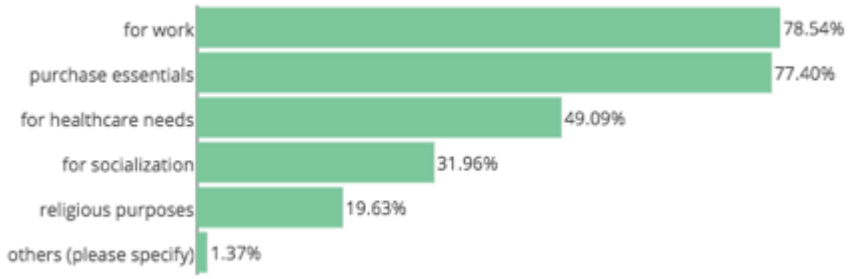
Household survey data pre-implementation reveals an imperfect understanding of the necessary steps to prevent COVID - 19, by practicing physical distancing, quarantine and hygiene. These may have been due to necessary actions, like going to work, or a lack of knowledge. Large majorities report frequently leaving the house, hesitation regarding COVID-19 testing and low awareness of cough etiquette, home quarantine and personal hygiene. The percent wise breakdowns can be found below.

Frequency stepping out of the house



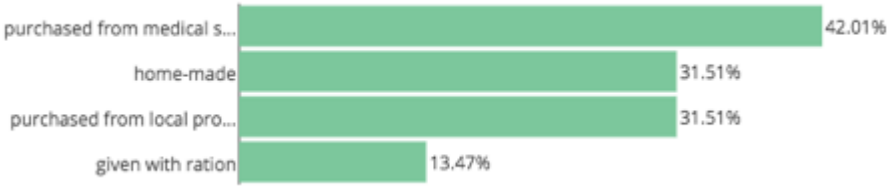
Graph 24

Reasons for stepping out of the house



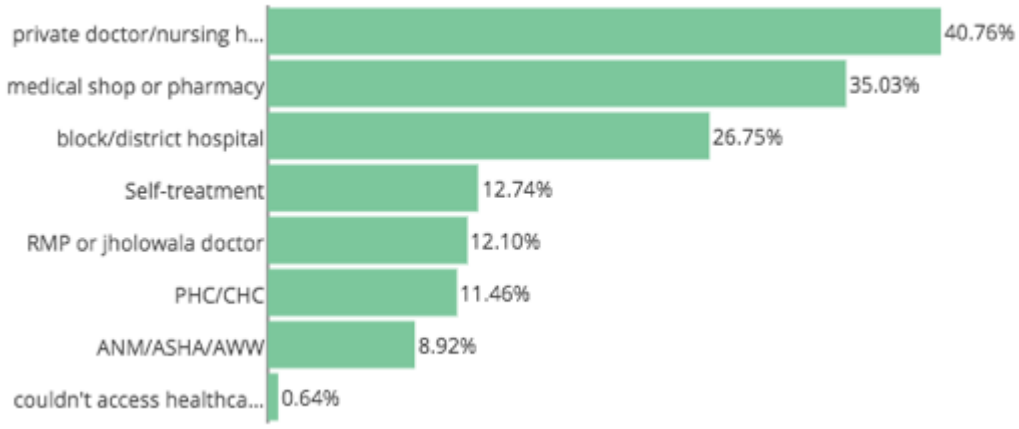
Graph 25

Where did you get your mask?



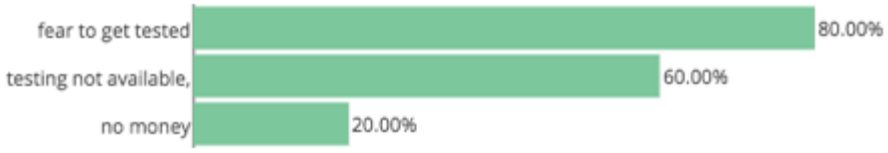
Graph 26

Where do you go in case of illness?



Graph 27

Reasons for not getting COVID-19 test

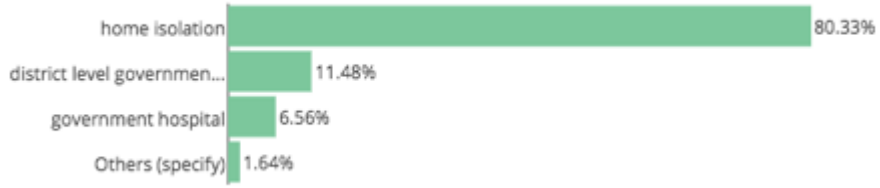


Graph 28

Tested positive for COVID-19

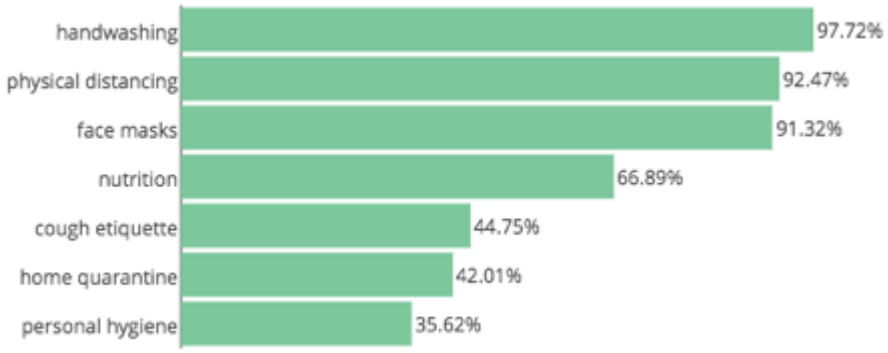
Graph 29

Place of quarantine



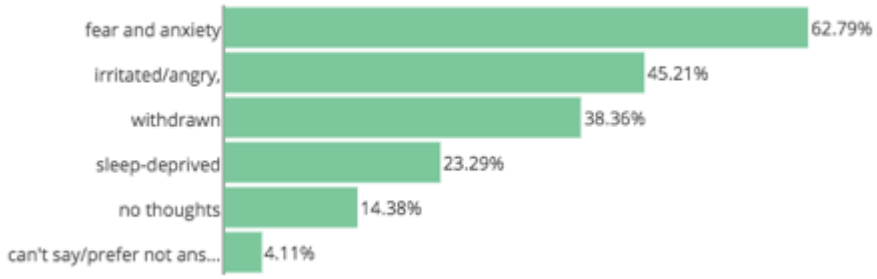
Graph 30

Awareness COVID-19 best practices



Graph 31

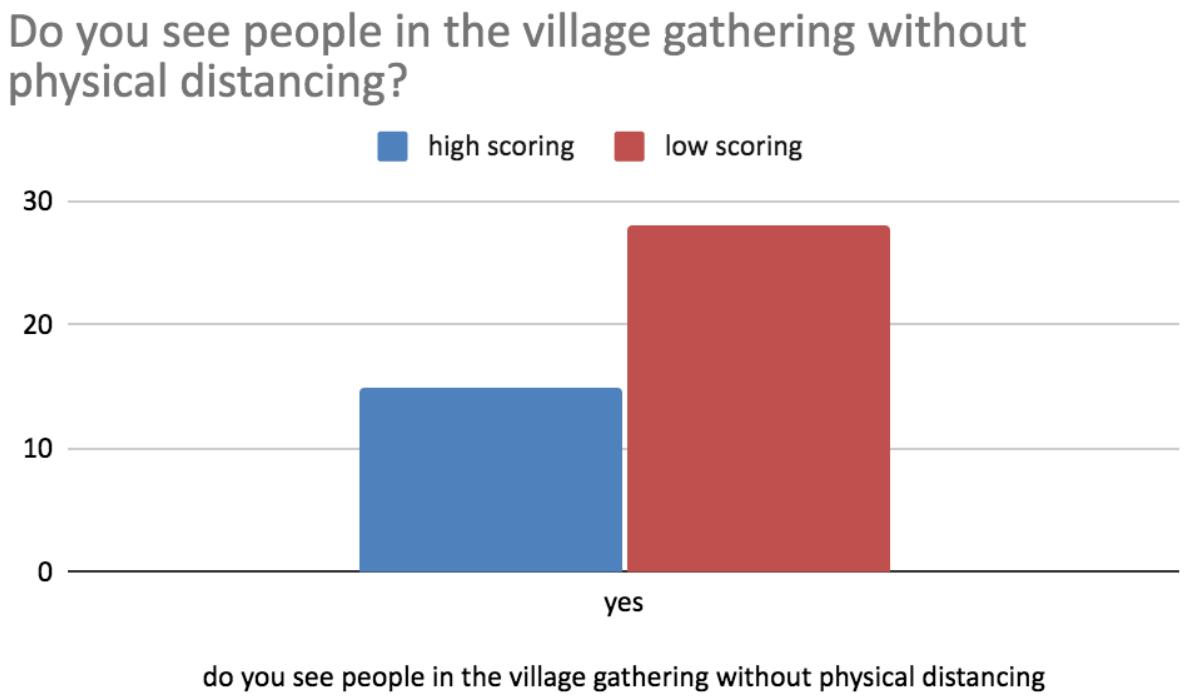
Mental Health



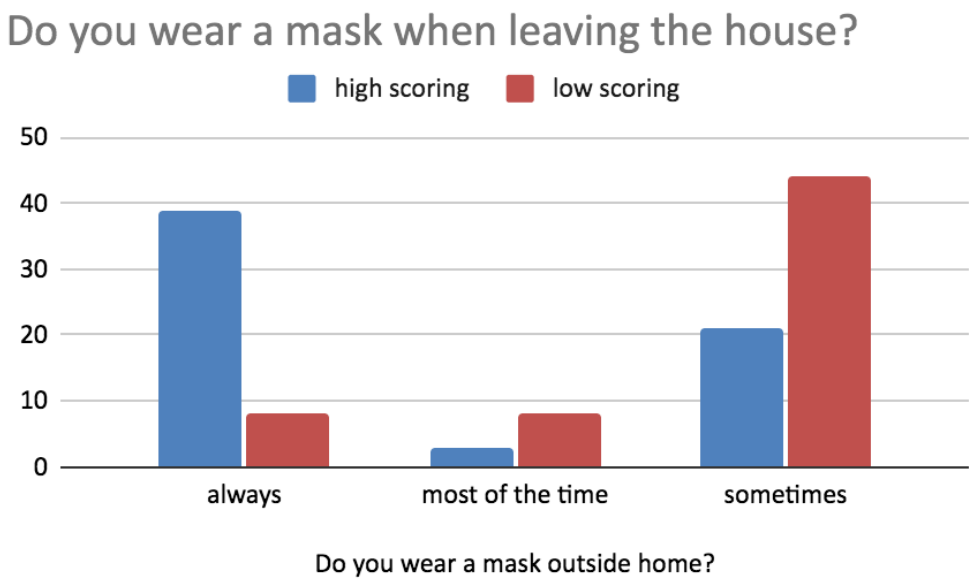
Graph 32

The above graphs from the household survey give a profile of the community awareness and COVID-19 protocol compliance of the community members. This aligns with the baseline village assessment results since this survey was done before the project implementation.

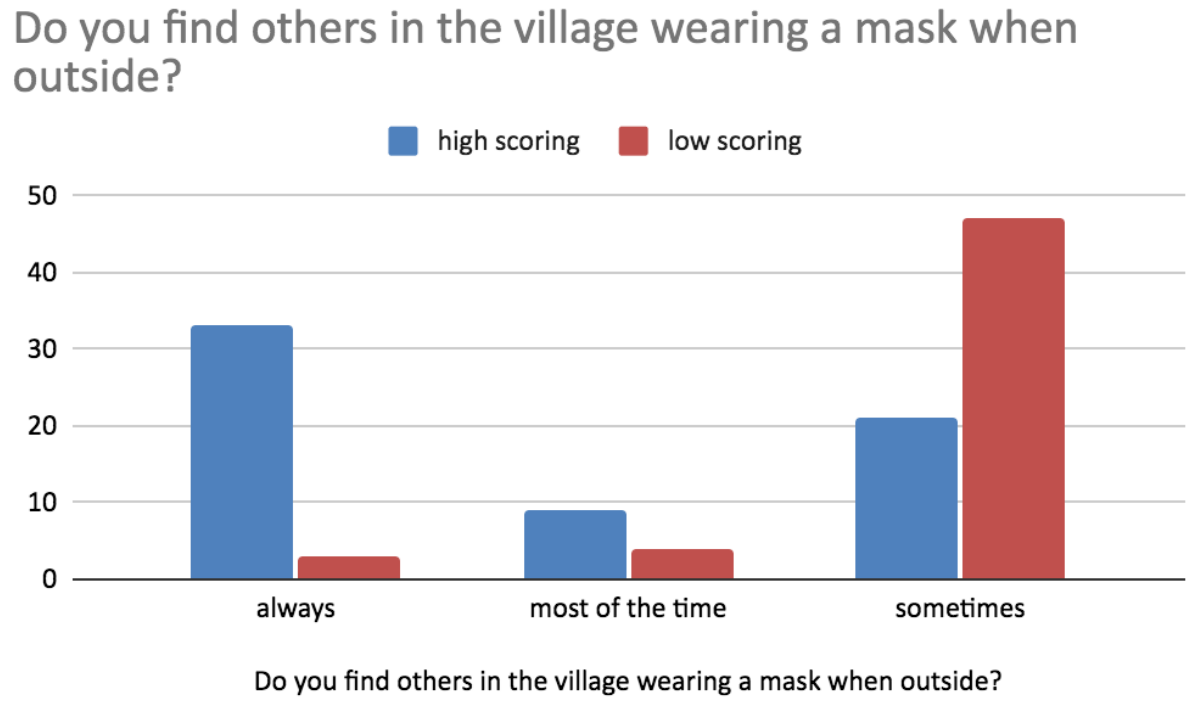
Survey results from the three highest and lowest end-line scoring villages from the village assessment were cross tabulated with the household survey and were analyzed for behavior and knowledge. As a granular reflection of survey results, low- scoring communities were less aware of common COVID-19 symptoms, were less likely to wear a mask, reported lower mask wearing behavior in the community, and reported more gatherings without physical distancing, as compared to high scoring villages. In high-scoring villages, these trends are flipped, and home-made masks are more prevalent, indicating a shift towards resilience. These results are detailed below.



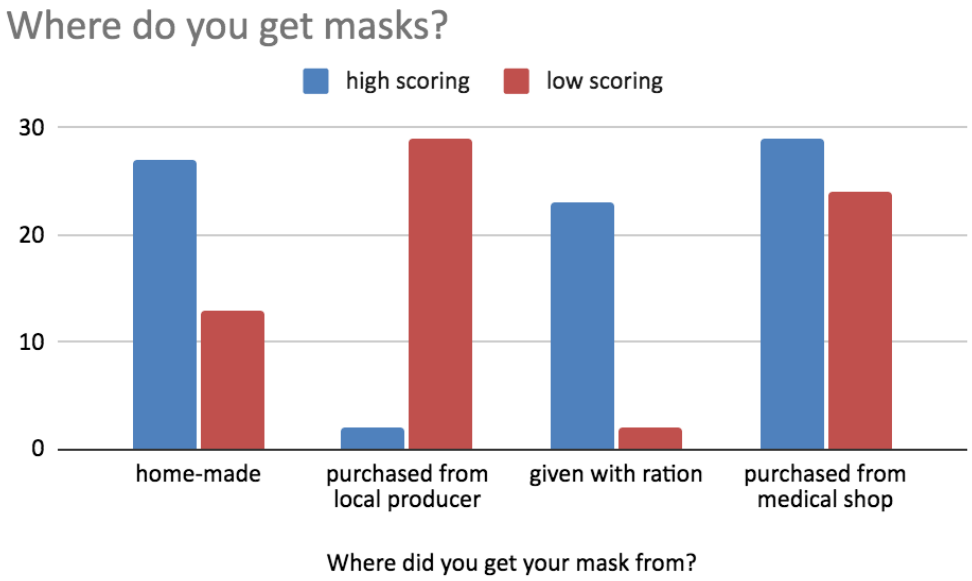
Graph 33



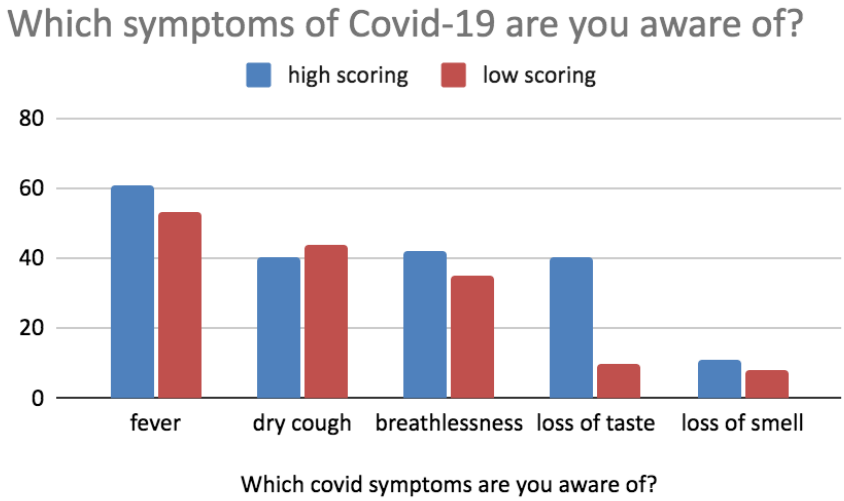
Graph 34



Graph 35



Graph 36



Graph 37

KEY FINDINGS

- Dalit members were on committees in 74% of villages, SC/ST members were on committees in 87% of villages and BC members were on committees of 88% of villages.
- 145 implementation villages moved from red to green, 56 moved from red to orange and 8 remained red. Three villages moved from orange to green while one remained orange. One village remained green from baseline to end line.
- The 1 village which was in green even in the baseline had an already active committee at the start of the project. By the endline the action by the committee in educating the community,

vulnerable protection and compliance protocols was strengthened. Also it was observed that this village had a good infrastructure to begin with.

- The movement of implementation villages was as follows:
  - In baseline 97% of villages were in red which reduced to 3% in end line
  - 2% of villages in orange in baseline increased to 27% in end line
  - Only 1% of villages were in green in baseline this increased to 70% of the villages in green in end line
- Regular follow up of vulnerable was done in 71% of end line implementation villages compared to 5% of end line control villages,
- A total of 8,494 vulnerable individuals were identified
- In end line assessment, 86% of implementation villages, community members wear masks when stepping out, compared to 4% in control villages
- In end line assessment, 98% of implementation villages have completed health infrastructure mapping, compared to 30% of end line control villages.
- Household profile data correlated strongly with end line scoring, with low- scoring communities were less aware of common Covid -19 symptoms, were less likely to wear a mask, reported lower mask wearing behavior in the community, and reported more gatherings without physical distancing, as compared to high scoring villages

RECOMMENDATIONS

These village committees could become a platform for managing any community health and hygiene issues or disaster/pandemic response, given the correct knowledge and activation tools. In the current scenario, these committees should be pivoted towards vaccine uptake and awareness.

- Community can drive the demand and take responsibility for their health by building local leadership
- This is a scalable model across villages in India and can be sustained though partnerships with local CBOs who can build the capacities of the committees and catalyze change
- Involvement of a Communtiy Health Worker who compliments the other frontline workers will be the pivot in activating and ensuring committee participation
- Involvement and active participation of the Gram Pradhan and other Government frontline functionaries' increases the impact of the work
- Diversity and equal representation from all sections of the community is critical

CONCLUSIONS

Community ownership and community integration are powerful tools toward resilience and sustainability of the communities and also could be effective in any disasters. Further, consistent and clear information from a reliable source has significant outcomes in terms of compliance and health behavior. With the support of an independent Community Health Worker with an active and involved committee model has the potential to accomplish health and wellness and not limited to just pandemic preparedness alone it can be replicated in other times as well.

ANNEXURES

Annexure 1 – Questionnaires

Village Preparedness Checklist

Red Zone			Villages scoring less than 60% will be in red zone
Orange Zone			61-75% score will be orange zome
Green Zone			Villages scoring more than 75% will be in green zone

Basic Information

District _____							
Block _____							
Village			**No of households in the village**	**Population**			
No of males		**No of females**					
Types of community in the village			**Common occupation in the village**				
CHF name		**CHF ID**		**CHF Phone No**			

Date of assessment

Start Time of assessment _____ **End Time of assessment** _____

Village

System Element	Description and Status of System element /components		Yes=1, No=0 NA(--)	% of Marks obtained	Score

				Method of assessment			
	General						
		Weightage					
Village infrastructure	**Overall Village infrastructre & facilities**	1	Is the village well connected by public transport	Survey	1		1
		1	Does the village have consistent supply of electricity	Survey	1		1
		1	Does the village have access to good internet	Survey	1		1
		1	Does the village have a source of clean drinking water	Survey	1		1
		1	Does every house in the village have toilet	Survey	1		1
			If no how many houses do not have toilets				
		1	Do people in the village have kitchen gardens	Survey	1		1
		1	Is there a functional Anganwadi center in the village	Observation	1		1
		2	Do you have access to a healthcare provider	Obesrvation	1		2
			What is the type of healthcare provider				
			Distance to healthcare provider				
		2	Is there an active VHSNC or Gram Nigrani Samiti in the village	Survey	1		2
		1	Does the village have a high school	Observation	1		1
		1	Does the village have a middle schools	Observation	1		1
		1	Does the village have a primary school	Observation	1		1

		1	Are masks available in the village	Survey	1		1
		2	Are masks being manufactured in the village	Survey	1		2
	Sub total Village Infrastructure						
	COVID Management committee formation & training	1	Has the COVID management committee been formed	Survey			
		2	Is the gram pradhan part of the COVID management committee	Survey			
		1	No of volunteers in the committee	Survey			
		2	Does the comittee have diverse representation from the comunity?	Survey			
			No of members in the committee	Survey			
			No of males in the committee	Survey			
			No of females in the committee	Survey			
			No of dalit members in the committee	Survey			
			No of SC/ST members in the committee	Survey			
			No of BC members in the committee	Survey			
			No of PRI members in the community	Survey			
			No of members below age 25	Survey			
		1	Is the ASHA worker part of the committee	Survey			
		1	Is the AWW part of the committee	Survey			
		2	Is ANM part of the committee	Survey			

		1	Are SHG members part of the committee	Survey		
			If yes how many			
		1	Has the leader been appointed for the committee	Verify minutes register		
		1	Has minutes register been issued to the committee	Verify minutes register		
		2	Has the committee been oriented on its tasks and responsibilities	Verify minutes register		
		2	Does the committee have an action plan for village preparedness	Verify minutes register		
		2	Have responsibilities been assigned for each task as per action plan	Verify minutes register		
		2	Has the committee been educated on covid best practices (physical distancing, masks, hand wash, and 6 hatiyars)	Verify minutes register		
		1	Has the comittee been educated on recommended actions in case of covid cases?	Verify minutes register		
		1	Has a thermal monitor been issued to the committee	Verify minutes register		
		1	Has a pulse oxymeter been issued to the committee	Verify minutes register		
	Community Mapping	1	Has the health infrastructure been mapped	Verify records		
		1	Have places where community gather been idnetified	Verify records		
		2	Have markings for physical distancing	Observation		

			been made in these places				
		1	Has a place been identified for quarantine / isolation of individuals who dont have facilities in their houses within the village	Observation			
			If yes which is the place identified for isolation				
	Sub total of Prepare						
Protect	**Vulnerable (high-risk) individuals**	1	Have the vulnerable individuals been identified	Verify records			
		2	Have the families of the vulnerable been educated on the importance of protecting the vulnerable individuals	Verify records			
		1	Is there a plan to protect these vulnerable individuals?	Verify records			
		3	Are vulnerable individuals in reverse quarantine?	Verify records			
		2	Is regular follow up being done of the vulnerable individuals?	Verify records			
	Symptoms & Testing	1	Are people with symptoms being identified and referred	Verify records			
			Where are the people with symptoms being referred				
			How far is the hospital that they are being referred to				
		1	Is thermal monitoring of people in the village being done	Verify records			

		1	Are camps being conducted in the village for testing of symptomatic individuals by the health dept	Verify records		
		2	Is the committee involved in the camps	Verify records		
	Movement	1	Does the village have a single point of entry/exit?	Observation		
		1	If Yes, are adequate communication materials (wall paintings / posters) displayed at the entry.	Observation		
		1	Are people entering the village from outstation registered	Verify records		
		1	Is everyone entering the village from outstation quarantined	Verify records		
	Care for COVID positive persons	1	Does the commitee have an action plan for confirmed positive cases ?	Verify records		
		2	Are individuals identified to carry out contact tracing and follow up?	Verify records		
		2	Is mental health support provided to poeple who tested positive and their families	Survey / observation		
		1	Are individuals in home quarantine / isolation monitored	Survey / observation		
		2	Is there door step delivery of essential items (food, water and medicines) to home quarantined/ isolation persons?			
	Isolation Facility	1	Does the community have access to an isolation center in / around the village?	Survey / observation		
			Distance of the isolation center from the village			

		1	Is the facility run by Government	Survey / observation		
		1	Is the facility run by Private provider	Survey / observation		
		1	Does the committee want to set up community level isolation center	Survey / observation		
		2	If yes is there an action plan for the same	Verify records		
	Sub total of Protect					
Prevent	**Community Knowledge**		Has the commuity been educated on the following:			
		1	Modes of transmission and spread of Coronavirus and symptoms	Training reports		
		1	Personal Hygiene	Training reports		
		1	Frequent Hand wash	Training reports		
		1	Physical distancing	Training reports		
		1	Importance of wearing mask when in public places	Training reports		
		1	Nutrition	Training reports		
		1	Kitchen gardens	Training reports		
		1	Cough etiquette	Training reports		
		1	Home quarantine	Training reports		
		1	Prevention of domestic violence	Training reports		
		1	Importance of mental health support and avoiding stigma	Training reports		
			Are the following communication material displayed / used			
		1	Wall Paintings	Observation		
		1	Posters	Observation		
		1	Dandoras	Observation		

		1	Are posters or videos used while educating the community	Observation			
		2	Is any other mode like IVRS used to pass on important health messages to the community	Observation			
	Community Compliance	1	Is there an action plan to enforce/monitor community compliance to Physical distancing	Verify records			
		1	Is there an action plan to enforce/monitor community compliance to use of Mask when outside	Verify records			
		1	Is there an action plan to enforce/monitor community compliance to Hand wash / use of hand sanitizer in public places	Verify records			
		2	Is there a fine for people not wearing mask in public				
		2	Are all the community members wearing mask when they come out?				
		2	Is the compliance being reinforced in the SHG/ community level meetings	Verify records			
		2	Do members of the committee undertake frequent survillance of the village to ensure compliance	Verify records			
	Addressing Stigma	1	Is the community made aware on preventing stigma against people who have tested positive and their families	Verify records			

		2	Does the committee or volunteers monitor to ensure people on quarantine / isolation do not face stigma from neighbours	Verify records			
	Sub total Prevent						
Essential Health & other Services	**Essential health services**		Are the following routine health services at the village level being conducted regularly?				
		1	Immunization	Survey / observation			
		1	Ante natal check ups of pregnant women	Survey / observation			
		1	Village health, sanitation & nutrition days	Survey / observation			
		1	Deliveries	Survey / observation			
		1	Routine & chronic health services	Survey / observation			
		1	Are medicines being provided for TB patients	Survey / observation			
		2	Are CHF/ASHA/Anganwadi workers in regular contact with pregnant and lactating women?	Survey / observation			
		1	Is the ANM visiting the village regularly	Survey / observation			
		2	Is food supplements being provided by AWW to children, pregnant and lactating mothers	Survey / observation			
		2	Are the committee aware about the government ambulance services? (108 for Coronavirus patients and 102 and other ambulances for other essential health services)	Survey / observation			

		1	Does the village have access to private transport facility in the case of emergency	Survey / observation			
	Support to needy families		Have needy families been identified and connected with relevant government schemes				
		1	PDS	Verify records			
		1	Jan Dhan	Verify records			
		1	MNREGA	Verify records			
		1	Ujjwala Yojna	Verify records			
		1	PM Kisan Vikas Yojana	Verify records			
		1	Others (Farmers subsidy, disabled pension, old age pension, widow pension) Specify (open text box)	Verify records			
	Handling COVID Deaths	1	Are deaths being recorded	Verify records			
		1	Is there an action plan for last rites?	Verify records			
		1	Are traditional cremation ground/ burial attendants trained and equipped for safety precautions during handling cremation/burial during this period?	Verify records			
	Sub total of essential services						
	Grand total (Marks obtained in all sections)						

Household Survey Questionnaire

Serial number	Section	Questions	Type of Response
1.1	General Demographics	State	Drop Down
1.2		District	Drop Down
1.3		Block	Text Entry
1.4		Village	Text Entry
1.6		Household Number	Text Entry
1.7		Date	Date Entry
1.8		Name of respondent	Text Entry
1.9		Whether head of household	Yes/No
1.9.1		If no, Relation with head of household	Drop Down
1.10		Age of respondent	Drop Down
1.11		Gender of respondent	Drop Down
1.12		caste/tribe of household	Text Entry
1.13		Social category	Drop Down
1.14		Religion	Multiple Choice
1.15		Occupation of income earning members (add multiple)	Text Entry
1.16		What are your sources of income	Drop Down
1.17		Do you have agricultural land?	yes/no
1.17.1		**If yes, how much**	**drop down**
1.18		Do you have a kitchen garden in your house	yes/no
1.18.1		if yes, what do you grow in your kitchen garden	Multiple Choice
1.19		How much time do you spend engaged in income earning activities per day?	Multiple Choice
1.20		monthly family income before lockdown	Multiple Choice
1.21		monthly family income after lockdown	Multiple Choice
1.22		highest level of school completed	Drop Down
1.23		Children in the household (add multiple)	
1.23.1		Age	Multiple choice
1.23.2		Gender	Drop Down
1.23.3		School Enrollment	drop down

1.23.4		how are the children currently occupied?	Multiple choice
2.1	Health	How often do you leave the home?	Multiple Choice
2.2		Why do you leave the home?	Multiple Choice
2.3		Do you see people gathering in your village without physical distancing	Drop Down
2.4		Do you regularly wear a mask outside the home?	Multiple Choice
2.5		Do you find others in the village wearing a mask when outside	Drop downn
2.6		how often do you wash your mask	Drop down
2.7		Where do you get the mask from?	Multiple Choice
2.7.1		if homemade, from what?	Multiple Choice
2.8		Do you wash your hands	yes/no
2.8.1		what do you use to wash hands	multiple choice
2.8.2		How often do you wash your hands?	Multiple Choice
2.9		Do you use hand sanitizer?	yes/no
2.10		In your village, are the following programs working?	
2.10.1		ICDS (anganwadi)	Yes/No
2.10.2		Sarva Siksha Abhiyan	Yes/No
2.10.3		Free health care in PHC	Multiple Choice
2.10.4		immunization	Yes/No
2.10.5		VHSND	Yes/No
2.10.6		DOTS treatment for people with TB	Yes/No
2.10.7		Is anyone in your family pregnant	yes/no
2.10.8		Is food being provided by the anganwadi center?	multiple choice

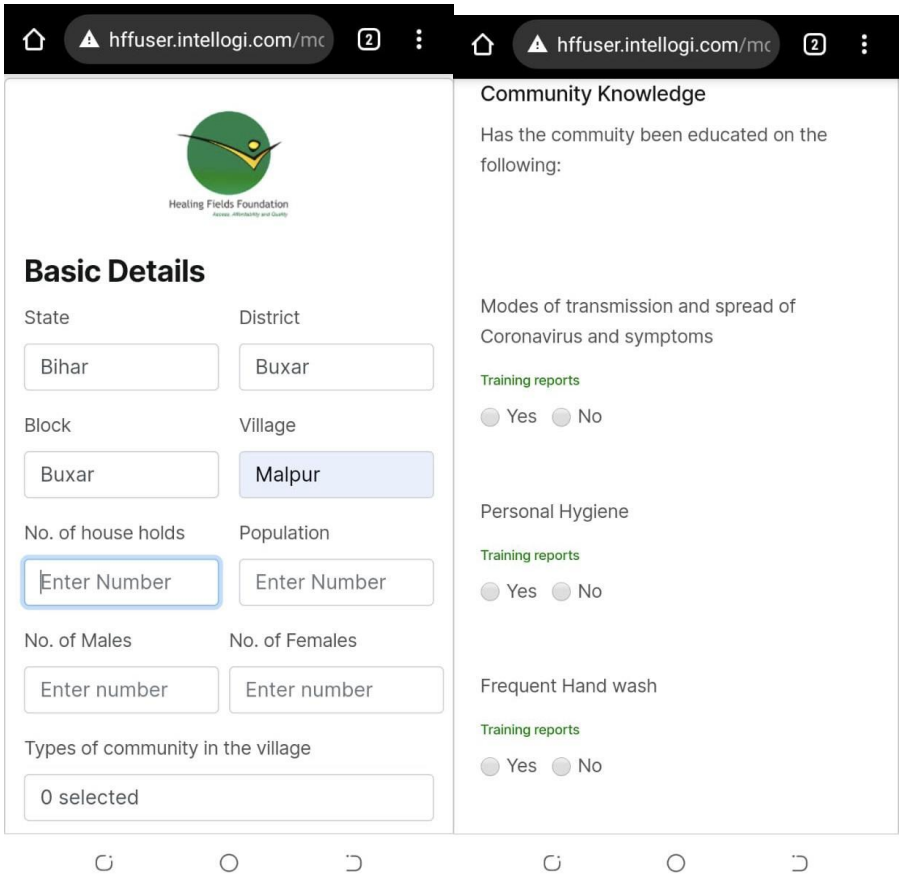
2.10.9		is the ASHA worker providing services	multiple choice
2.10.10		Is the ANM providing services	multiple choice
2.11		During the last 6 months, did anyone in your family get sick?	Yes/No
2.11.1		What kind of illness?	multiple choice
2.11.2		In case of sickness, where did they seek healthcare?	Multiple Choice
2.11.3		If not accessed healthcare, why	Multiple choice
2.12		Do you have a health insurance policy?	Yes/No
2.12.1		If yes, what kind?	multiple choice
2.12.2		Have you utilized the insurance in the last year?	Yes/No
2.13		After the COVID 19 and the lockdown what kind of thoughts are coming to your mind in the last two months	Multiple Choice
2.14		Has liquor / ghutka / zarda / pan masala / cigarette / bidi consumption increased	Yes/No
2.15		Have there been increased fights in the house?	Yes/No
2.15.1		Are the fights verbal or physical?	Multiple Choice
2.15.2		How frequent are the fights?	Multiple choice
2.16		Are you aware of common covid symptoms? (check symptoms that respondent is aware of)	Multiple Choice
2.17		Has anyone in your household had covid symptoms	Yes/No
2.17.1		if yes, were they able to be tested	Yes/No
2.17.2		Where did they get tested?	Drop Down
2.17.3		If they were not able to be tested, why not	Multiple Choice
2.18		has anyone in your house/village tested positive for covid	Yes/No
2.18.1		If yes, where were they isolated	Drop Down
2.18.1.1		If yes to home isolation, under what conditions?	Multiple Choice
2.18.2		Have they recovered now?	Yes/No
2.18.3		Are they having covid related problems after recovery	multiple choice

2.19		Do you think creating an isolation center in the village for positive cases is helpful?	Drop Down
2.20		Does your household have vulnerable members (elderly, pre existing conditions, pregnant women, etc)	Multiple Choice
2.20.1		Are they quarantined to the household?	Yes/No
2.20.1.1		If no why?	Multiple choice
2.21		Is your family educated on covid best practices ? (hand wash, face masks, physical distancing)	Multiple Choice
3.1	Migrants	is anyone in your family a migrant worker? (if yes, fill the following for each)	yes/no
3.1.1		Gender	drop down
3.1.2		Age	drop down
3.1.3		How many months were the migrants away last year?	drop down
3.1.4		Does the migrant person want to return to the destination?	Yes/No
3.1.5		If yes, how long will he/she wait before going back?	Drop Down
3.1.6		If migrant wants to stay back , what kind of work would the migrant like to get involved in	Multiple Choice
	Access to entitlements	MNREGA	
4.1		did you or anyone in your family get work in the MNREGA	Yes/No
4.1.1		How many days did you work in MNREGA during the last 2 months?	Drop Down
4.1.2		Did you receive payment for the work done?	Yes/No
4.1.3		If yes, after how many days did you get the payment	Drop Down
4.1.4		How much wages in MNREGA have you received in your bank account?	drop Down
4.1.5		If no, for how long have you not received the money?	Text Entry
4.1.6		What kind of work are you involved in now?	Drop Down
		NFSA PDS	
4.2		Do you have a ration shop in the village	Yes/No
4.2.1		If no, how far do you have to go for rations	Drop Down
4.2.2		How many times have you received the free ration from the ration shop since March 2020?	Drop Down
4.2.3		What are the items you receive from ration shop	

4.2.4		Do all family members eat three square meals a day?	Yes/No
4.2.4.1		If no, who eats three meals	multiple choice
4.3		Do women in your household have a Jan Dhan account?	Yes/No
4.3.1		have they received the rs.500 in their Jan Dhan account?	Yes/No
4.3.2		if yes, how many times	Drop Down
4.3.3		Have they been able to withdraw the money?	Yes/No
4.3.4		If yes, where	drop down
4.3.5		If no, reasons	multiple choice
4.4		Is the family eligible for PM Kisan Samman Yojana	Yes/No
4.4.1		How much do you think you're supposed to get in a year?	Drop Down
4.4.2		Have you submitted/ got uploaded on to government website your ownership document (khasra)	Drop Down
4.4.3		Have you received rs. 2000 from PM Kisan Samman Yojana in the last two months?	Yes/No
5.1	Covid Preparation	Are you willing to volunteer or support to protect your village from covid	drop down
5.2		If yes, what kind of support can you provide	

Annexure II

Screen Shots of the app



Annexure IV

Village scores – Baseline and End line

Baseline and Endline Assessment score Comparison of Village wise							
Type	**State**	**Dist**	**Block**	**Village**	**Baseline Percent**	**Endline Percent**	**Difference**
Implementation	Bihar	Rohtash	Shivsagar	Parsatua	12.31	70.00	57.69
Implementation	Bihar	Rohtash	Sasaram	Karansray	16.15	76.15	60.00
Implementation	Bihar	Rohtash	Dehri	Narayanpur	13.08	73.08	60.00
Implementation	Bihar	Darbhanga	Alinagar	Shyampur	26.15	92.31	66.15
Implementation	Bihar	Darbhanga	Manigachhi	Baloor	60.00	99.23	39.23
Implementation	Bihar	Darbhanga	Alinagar	Jayntipur	38.46	71.54	33.08
Implementation	Bihar	Rohtash	Sasaram	Karserua	13.85	73.85	60.00
Implementation	Bihar	Muzaffarpur	SARAIYA	Kutrum Kolua	36.15	96.92	60.77
Control	Bihar	Gaya	Konch	Uttarain	30.00	26.15	-3.85
Control	Bihar	Aurangabad	Rafiganj	Lahas	29.23	23.08	-6.15
Control	Bihar	Darbhanga	Keoti	Zero mile Ansoi	13.08	9.23	-3.85
Implementation	Bihar	Aurangabad	Goh	Bazarbarma	39.23	80.00	40.77
Implementation	Bihar	Sitamarhi	Riga	Babhngama	6.15	74.62	68.46
Implementation	Bihar	Gaya	Banke Bazar	Manjari khurd	70.00	88.46	18.46
Implementation	Bihar	Gaya	Banke Bazar	Lemboiya	81.54	82.31	0.77

Control	Bihar	Gaya	Gurua	Duba	28.46	30.77	2.31
Implementation	Bihar	Aurangabad	Haspura	Ramjibanbigha	39.23	90.00	50.77
Implementation	Bihar	Sitamarhi	Bathnaha	Ghogharaha	5.38	73.08	67.69
Implementation	Bihar	Sitamarhi	Sonbarsa	Bhutahi	11.54	73.85	62.31
Implementation	Bihar	Aurangabad	Daudnagar	Manar	34.62	86.92	52.31
Implementation	Bihar	Gaya	Guraru	Mahmadpur	38.46	56.92	18.46
Implementation	Bihar	Darbhanga	Rajnagar	Ramkhetari	31.54	93.08	61.54
Implementation	Bihar	Sitamarhi	Sursand	Birakh	6.92	56.92	50.00
Implementation	Bihar	Gaya	Guraru	Fafar	39.23	90.77	51.54
Implementation	Bihar	Gaya	Guraru	Barorah	37.69	86.92	49.23
Implementation	Bihar	Sitamarhi	Sursand	Banauli	8.46	70.77	62.31
Implementation	Bihar	Darbhanga	Babu Baheri	Ghangharu	33.08	94.62	61.54
Implementation	Bihar	Sitamarhi	Sursand	Haridular pur	10.00	71.54	61.54
Control	Bihar	Muzaffarpur	BOCHAHAN	Shila rampur	13.08	13.85	0.77
Implementation	Bihar	Sitamarhi	Sursand	Adalpur	10.77	73.08	62.31
Implementation	Bihar	Buxar	Dumraon	Mathila	29.23	88.46	59.23
Implementation	Bihar	Muzaffarpur	KANTI	Manikpur	23.08	73.85	50.77
Implementation	Bihar	Aurangabad	Nabinagar	Nabinagar	70.00	82.31	12.31
Implementation	Bihar	Aurangabad	Haspura	Dindir	44.62	83.85	39.23
Implementation	Bihar	Sitamarhi	Bathnaha	Bhagwan pur	11.54	57.69	46.15

Implementation	Bihar	Sitamarhi	Bathnaha	Ranauli	13.85	75.38	61.54
Control	Bihar	Muzaffarpur	KURHANI	Pursttampur	7.69	13.85	6.15
Implementation	Bihar	Gaya	Konch	Ahiyapur	43.85	75.38	31.54
Implementation	Bihar	Rohtash	Akodhigola	Akodhigola	15.38	80.00	64.62
Implementation	Bihar	Buxar	Buxar	Jagdispur	23.85	78.46	54.62
Implementation	Bihar	Rohtash	Dawath	Sundarpur	13.08	76.92	63.85
Implementation	Bihar	Buxar	Buxar	Bhatwaliya	25.38	86.92	61.54
Implementation	Bihar	Muzaffarpur	MURAUL	KUMHRA PAKAR	20.00	74.62	54.62
Implementation	Bihar	Rohtash	Tilouthu	Chandanpura	20.00	72.31	52.31
Implementation	Bihar	Rohtash	Nasriganj	Marojhiya	20.00	79.23	59.23
Implementation	Bihar	Sitamarhi	Parihar	Sutihara	16.92	73.85	56.92
Implementation	Bihar	Buxar	Buxar	Boxsa	23.85	87.69	63.85
Implementation	Bihar	Buxar	Itarhi	Atrouna	22.31	93.08	70.77
Implementation	Bihar	Muzaffarpur	Karja	Shekh Dhanwat	32.31	57.69	25.38
Implementation	Bihar	Sitamarhi	Dumra	Kumhara bishun pur	11.54	74.62	63.08
Implementation	Bihar	Sitamarhi	Nanpur	Jagadish pur	10.77	75.38	64.62
Implementation	Bihar	Rohtash	Bikramganj	Nonahar	43.08	83.85	40.77
Implementation	Bihar	Muzaffarpur	KURHANI	Chaduha	17.69	73.08	55.38
Implementation	Bihar	Muzaffarpur	MARWAN	Mahmadpur Khaje	38.46	73.85	35.38
Implementation	Bihar	Darbhanga	Darbhanga	Neeyam	32.31	65.38	33.08

Implementation	Bihar	Rohtash	Bikramganj	Bikramganj	35.38	84.62	49.23
Implementation	Bihar	Rohtash	Sasaram	Bisunpura	15.38	73.85	58.46
Implementation	Bihar	Muzaffarpur	Minapur	Vashudev chapra	15.38	70.77	55.38
Implementation	Bihar	Muzaffarpur	KANTI	Mustafapur	23.85	73.85	50.00
Implementation	Bihar	Rohtash	Sasaram	Basa	15.38	76.92	61.54
Implementation	Bihar	Gaya	Gurua	Ramnagar	43.08	85.38	42.31
Implementation	Bihar	Buxar	Dumraon	Mathila	30.77	88.46	57.69
Implementation	Bihar	Rohtash	Shivsagar	Malwar	16.92	77.69	60.77
Implementation	Bihar	Darbhanga	Keotiranway	Rajooradih	32.31	71.54	39.23
Implementation	Bihar	Buxar	Chausa	Jalilpur sonpa	15.38	83.85	68.46
Implementation	Bihar	Sitamarhi	Sursand	Kuaari	22.31	56.92	34.62
Implementation	Bihar	Darbhanga	Keotiranway	Nayagaawmantol	40.00	97.69	57.69
Implementation	Bihar	Buxar	Chausa	Banarpur	18.46	90.77	72.31
Implementation	Bihar	Darbhanga	Biraul	Dumari	27.69	97.69	70.00
Implementation	Bihar	Darbhanga	Kusheshwar Asthan	Ashoo	29.23	96.15	66.92
Implementation	Bihar	Muzaffarpur	KURHANI	Amrakh	21.54	74.62	53.08
Implementation	Bihar	Muzaffarpur	KURHANI	Sahpur maricha	13.08	68.46	55.38
Implementation	Bihar	Sitamarhi	Dumra	Kumhara bishunpur	11.54	74.62	63.08
Implementation	Bihar	Buxar	Chausa	Rampur	25.38	90.00	64.62

Implementation	Bihar	Muzaffarpur	MURAUL	Mohmmdpur bazar	29.23	75.38	46.15
Implementation	Bihar	Muzaffarpur	BOCHAHAN	Bochaha	24.62	95.38	70.77
Implementation	Bihar	Darbhanga	Singhwara	Tahsil Paira	20.77	57.69	36.92
Implementation	Bihar	Aurangabad	Rafiganj	Simwa	36.15	56.92	20.77
Implementation	Bihar	Buxar	Simri	Kajipur	35.38	95.38	60.00
Implementation	Bihar	Buxar	Buxar	Purana Bhojpur	40.00	90.77	50.77
Implementation	Bihar	Gaya	Banke Bazar	Bhechubigha	15.38	78.46	63.08
Implementation	Bihar	Muzaffarpur	SAKRA	Bharthipur	29.23	75.38	46.15
Implementation	Bihar	Gaya	Dobhi	Dharmpur	32.31	72.31	40.00
Control	Bihar	Aurangabad	Nabinagar	Chandragar	17.69	29.23	11.54
Implementation	Bihar	Aurangabad	Daudnagar	Welma	33.08	78.46	45.38
Implementation	Bihar	Gaya	Gurua	Paluhara	20.77	73.85	53.08
Implementation	Bihar	Gaya	Imamganj	Karasan	23.85	74.62	50.77
Implementation	Bihar	Gaya	Imamganj	Nagawa	19.23	73.85	54.62
Implementation	Bihar	Aurangabad	Obra	Devkali	33.85	79.23	45.38
Implementation	Bihar	Gaya	Imamganj	Malhari	28.46	78.46	50.00
Implementation	Bihar	Gaya	Imamganj	Bedauli	33.08	73.08	40.00
Implementation	Bihar	Gaya	Gurua	Rampur	18.46	86.92	68.46
Implementation	Bihar	Gaya	Gurua	Nasher	21.54	66.92	45.38
Implementation	Bihar	Gaya	Guraru	Tilori	30.00	89.23	59.23

Implementation	Bihar	Gaya	Guraru	Konchi	29.23	68.46	39.23
Implementation	Bihar	Gaya	Gurua	Bahbalpur	26.15	86.15	60.00
Implementation	Bihar	Gaya	Amas	Hamjapur	36.92	76.15	39.23
Control	Bihar	Sitamarhi	Riga	Gopal pur	14.62	6.15	-8.46
Control	Bihar	Darbhanga	Biraul	Bishunpur	25.38	9.23	-16.15
Control	Bihar	Muzaffarpur	SAKRA	Phirojpur	33.08	12.31	-20.77
Implementation	Bihar	Muzaffarpur	SAKRA	Raghunathpur Donwa	29.23	75.38	46.15
Control	Bihar	Muzaffarpur	MUSHAHARI	Chhapra	32.31	10.77	-21.54
Implementation	Bihar	Muzaffarpur	MUSHAHARI	Gopalpur Tararura	33.08	73.85	40.77
Implementation	Bihar	Muzaffarpur	BOCHAHAN	Shivraha Chaturbhuj	33.85	75.38	41.54
Implementation	Bihar	Muzaffarpur	BOCHAHAN	Jagai Majhauli	32.31	73.08	40.77
Implementation	Bihar	Muzaffarpur	SARAIYA	Ramnagar Tok	30.00	71.54	41.54
Implementation	Bihar	Darbhanga	Rahika	Kataee	30.00	72.31	42.31
Implementation	Bihar	Darbhanga	Hanumannagar	Ukhara	35.38	70.77	35.38
Implementation	Bihar	Darbhanga	Rahika	Ghat Tola Eijra	30.77	80.00	49.23
Implementation	Bihar	Darbhanga	Rahika	Dumari	32.31	97.69	65.38
Implementation	Bihar	Darbhanga	Singhwara	Mankauli	33.85	70.77	36.92
Implementation	Bihar	Darbhanga	Singhwara	Bhawanipur	31.54	71.54	40.00
Control	Bihar	Sitamarhi	Bathnaha	Bela	7.69	4.62	-3.08
Implementation	UP	Mirzapur	Jamalpur	Kajakpur	17.69	77.69	60.00
Control	UP	Ballia	CHILKAHAR	Kureji	15.38	26.15	10.77
Implementation	UP	Mirzapur	Narayanpur	Raipuriya	16.15	79.23	63.08

Control	UP	Mirzapur	Narayanpur	Adhwar	10.77	16.15	5.38
Implementation	UP	Hamirpur	Sarila	Dhagawa	60.77	73.85	13.08
Implementation	UP	Ballia	HANUMANGANJ	Amritpali	34.62	73.08	38.46
Implementation	UP	Ballia	HANUMANGANJ	Kazipura	14.62	90.00	75.38
Implementation	UP	Ballia	HANUMANGANJ	Middha	30.77	76.15	45.38
Implementation	UP	Hamirpur	Kurara	Raila	46.92	66.92	20.00
Control	UP	Prayagraj	Manda	Dighiya	29.23	24.62	-4.62
Implementation	UP	Hamirpur	Sumerpur	Vidokhar	43.08	91.54	48.46
Implementation	UP	Hamirpur	Sumerpur	Teda	11.54	90.77	79.23
Implementation	UP	Hamirpur	Rath	Kurra	9.23	92.31	83.08
Control	UP	Mirzapur	Jamalpur	Chhato	11.54	18.46	6.92
Implementation	UP	Mirzapur	Narayanpur	Sirasi	9.23	70.77	61.54
Control	UP	Ballia	RASRA	Mudera	13.08	27.69	14.62
Implementation	UP	Ballia	RASRA	Dalaitiwaripur	33.85	63.08	29.23
Implementation	UP	Ballia	BERUARWARI	Aapayel	31.54	88.46	56.92
Implementation	UP	Ballia	DUBHAR	Majhauli	33.85	95.38	61.54
Implementation	UP	Ballia	BANSDIH	Bansdih	31.54	67.69	36.15
Implementation	UP	Ballia	RASRA	Manda	32.31	46.92	14.62
Implementation	UP	Ballia	RASRA	Madhopur	33.85	84.62	50.77
Implementation	UP	Ghazipur	Karanda	Karanda	32.31	98.46	66.15
Control	UP	Mirzapur	Kon	Gahiya	36.15	30.77	-5.38

Implementation	UP	Ballia	MANIYAR	Bahadurpur	26.15	89.23	63.08
Implementation	UP	Ballia	SIAR	Buldhih	32.31	93.85	61.54
Implementation	UP	Mirzapur	Jamalpur	Manikpur	15.38	80.77	65.38
Implementation	UP	Mirzapur	Kon	Balliparawa	37.69	78.46	40.77
Implementation	UP	Azamgarh	Maharajganj	Meudiya	19.23	82.31	63.08
Implementation	UP	Mirzapur	Narayanpur	Madanpura	14.62	80.77	66.15
Implementation	UP	Mirzapur	Narayanpur	Niyamatpur	13.85	76.15	62.31
Control	UP	Hamirpur	Sarila	Gutkuwara	30.00	26.92	-3.08
Implementation	UP	Mirzapur	Chhanbey	Nauganw	32.31	73.08	40.77
Control	UP	Hamirpur	Sarila	Chandaut	16.15	27.69	11.54
Implementation	UP	Mirzapur	City	Dhanipati	33.85	82.31	48.46
Implementation	UP	Mau	Kopaganj	Jahaniyapur	20.77	80.00	59.23
Implementation	UP	Mau	Kopaganj	Nausemar	22.31	79.23	56.92
Implementation	UP	Ballia	GARWAR	Badanpura	40.77	62.31	21.54
Implementation	UP	Prayagraj	Manda	Umapur Kala	32.31	83.85	51.54
Implementation	UP	Azamgarh	Pawai	Raida	26.92	82.31	55.38
Implementation	UP	Ballia	NaGRA	Malipur	23.08	99.23	76.15
Implementation	UP	Ballia	Navanagar	Kathaura	32.31	91.54	59.23
Implementation	UP	Ballia	Nagra	Bhagmalpur	18.46	85.38	66.92
Implementation	UP	Ghazipur	Saidpur	Babedi	32.31	89.23	56.92

Implementation	UP	Ballia	Navanagar	Jamui	33.85	93.85	60.00
Implementation	UP	Ballia	Navanagar	Sikandarpur	30.00	91.54	61.54
Implementation	UP	Hamirpur	Rath	Muskura khurd	53.08	71.54	18.46
Implementation	UP	Prayagraj	Manda	Saibasa	33.85	86.15	52.31
Implementation	UP	Ghazipur	Barachawar	Krimuddinpur	19.23	96.92	77.69
Implementation	UP	Ghazipur	Barachawar	Suriamhat	26.15	80.77	54.62
Implementation	UP	Ballia	RASRA	Chituni	36.15	72.31	36.15
Implementation	UP	Ballia	GARWAR	Shahpur	49.23	87.69	38.46
Implementation	UP	Mau	Pardaha	Harpur	32.31	82.31	50.00
Implementation	UP	Prayagraj	Uruwa	Lehandi	36.15	82.31	46.15
Implementation	UP	Ballia	CHILKAHAR	Badasari	36.15	79.23	43.08
Implementation	UP	Ghazipur	Manihari	Kundispur	29.23	100.00	70.77
Implementation	UP	Ghazipur	Sadat	Saradarpur	31.54	97.69	66.15
Implementation	UP	Prayagraj	Manda	Unchadiha	49.23	85.38	36.15
Implementation	UP	Ghazipur	Saidpur	Kaithwaliya	33.08	98.46	65.38
Implementation	UP	Mau	Pardaha	Salahabad	29.23	84.62	55.38
Implementation	UP	Mau	Ratanpura	Rakauli	30.00	96.92	66.92
Implementation	UP	Ghazipur	Kasimabad	Badaura	33.08	90.00	56.92
Implementation	UP	Prayagraj	Manda	Sarawanpur	34.62	77.69	43.08

Implementation	UP	Mau	Ratanpura	Bibhauli	48.46	87.69	39.23
Implementation	UP	Mau	Ratanpura	Chhichhor	29.23	77.69	48.46
Implementation	UP	Prayagraj	Manda	Shakariganj	33.85	86.92	53.08
Implementation	UP	Mau	Pardaha	Pyarepura	27.69	83.85	56.15
Implementation	UP	Mirzapur	Lalganj	Meudi	37.69	81.54	43.85
Implementation	UP	Ghazipur	Virna	Chauthi	31.54	82.31	50.77
Implementation	UP	Prayagraj	Manda	Teshentulapur	40.00	87.69	47.69
Implementation	UP	Ghazipur	Kasimabad	Mardanpur	26.92	94.62	67.69
Implementation	UP	Pratapgarh	Baghrai, BIHAR	Siya dih	21.54	83.85	62.31
Implementation	UP	Pratapgarh	BABAGANJ	Lokeyapur	19.23	80.77	61.54
Implementation	UP	Pratapgarh	KUNDA	Sablghar	22.31	73.85	51.54
Implementation	UP	Hamirpur	Muskara	Alragaura	19.23	68.46	49.23
Implementation	UP	Pratapgarh	SADAR	Arjunpur	24.62	83.85	59.23
Implementation	UP	Azamgarh	Mehnagar	Shivrampur	22.31	86.92	64.62
Implementation	UP	Hamirpur	Sarila	Kheda shilajit	40.00	66.92	26.92
Implementation	UP	Mirzapur	Rajgarh	Baraganw	30.77	84.62	53.85
Implementation	UP	Pratapgarh	SADAR	Gore	19.23	82.31	63.08
Control	UP	Pratapgarh	SHIVGARH	Veerapur	3.08	70.77	67.69
Implementation	UP	Mirzapur	Rajgarh	Kubakhurd	38.46	84.62	46.15
Implementation	UP	Azamgarh	Mehnagar	Amari	26.15	80.77	54.62

Implementation	UP	Pratapgarh	SHIVGARH	Awdhanpur	20.00	83.85	63.85
Implementation	UP	Azamgarh	Mehnagar	Ginahapur	36.15	83.08	46.92
Implementation	UP	Pratapgarh	SHIVGARH	Garapur	21.54	86.92	65.38
Implementation	UP	Pratapgarh	SANDWACHANDRIKA	Babu Ka purwa	10.77	86.92	76.15
Implementation	UP	Pratapgarh	SHIVGARH	Daherkala	23.85	83.08	59.23
Implementation	UP	Mirzapur	City	Ghurahupatti	31.54	79.23	47.69
Implementation	UP	Mirzapur	Narayanpur	Baradih	15.38	77.69	62.31
Implementation	UP	Ghazipur	Mardah	Ghariha	44.62	83.85	39.23
Implementation	UP	Ghazipur	Mardah	Khajuraho	28.46	87.69	59.23
Implementation	UP	Mirzapur	City	Ranibagh	35.38	70.77	35.38
Implementation	UP	Ghazipur	Mardah	Ghariha	43.85	83.85	40.00
Implementation	UP	Pratapgarh	MANDHATA	Usrapur	17.69	91.54	73.85
Implementation	UP	Mirzapur	Jamalpur	Patti Khurd	26.15	87.69	61.54
Implementation	UP	Ghazipur	Mardah	Mardah	37.69	81.54	43.85
Implementation	UP	Pratapgarh	LALGANJ	Channa agai	18.46	83.85	65.38
Control	UP	Pratapgarh	LALGANJ	Payagipur	9.23	20.00	10.77
Implementation	UP	Ghazipur	Kasimabad	Barar	31.54	96.92	65.38
Implementation	UP	Pratapgarh	LALGANJ	Kalapur	20.00	75.38	55.38
Implementation	UP	Pratapgarh	LAXMANPUR	Amilaha	23.08	78.46	55.38
Implementation	UP	Azamgarh	Bilariyaganj	Budhiramganj	26.15	80.00	53.85

Implementation	UP	Mirzapur	Narayanpur	Kharakhsipur	25.38	70.00	44.62
Implementation	UP	Azamgarh	Ahiraula	Sorain	30.77	82.31	51.54
Implementation	UP	Pratapgarh	SADAR	Narharpur	13.08	90.77	77.69
Implementation	UP	Hamirpur	Muskara	Jalla	16.92	61.54	44.62
Implementation	UP	Hamirpur	Muskara	Basauth	20.77	64.62	43.85
Implementation	UP	Hamirpur	Muskara	Geharauli	19.23	68.46	49.23
Control	UP	Mau	Ratanpura	Bhudusuri	24.62	28.46	3.85
Control	UP	Mau	Ratanpura	Malpur	16.15	20.77	4.62
Control	Jharkhand	Palamau	Nawadiha Bazar 0wadiha	Saraidih	35.38	37.69	2.31
Control	Jharkhand	Garhwa	Bishunpura	Jogiral khurd	36.15	33.85	-2.31
Implementation	Jharkhand	Garhwa	Ramna	Tandwa	43.85	83.08	39.23
Implementation	Jharkhand	Garhwa	Banshidharnagar	Kushdand	37.69	76.92	39.23
Implementation	Jharkhand	Garhwa	Bishunpura	Sandhya	47.69	80.00	32.31
Implementation	Jharkhand	Garhwa	Dandai	Karke	37.69	82.31	44.62
Implementation	Jharkhand	Garhwa	Bishunpura	Bishunpura	56.15	83.85	27.69
Implementation	Jharkhand	Palamau	Bishrampur	Lalgarh	40.77	80.00	39.23
Implementation	Jharkhand	Palamau	Nawadiha Bazar 0wadiha	Nawatanr	45.38	86.15	40.77
Implementation	Jharkhand	Palamau	Nawadiha Bazar 0wadiha	Rabda	40.00	86.15	46.15
Implementation	Jharkhand	Palamau	Patan	Bhudwa	29.23	84.62	55.38
Implementation	Jharkhand	Palamau	Tarhasi	Pashar	38.46	81.54	43.08

Control	Jharkhand	Palamau	Patan	Motiyakhala	33.08	33.85	0.77
Control	Telangana	Medchal Malkajgiri	Mudchinthalapally	Adhrajpalli	43.85	27.69	-16.15
Control	Telangana	Siddipet	Mulugu	Dhamarakunta	23.85	30.00	6.15
Control	Telangana	Siddipet	Mulugu	Achaipalli	26.92	28.46	1.54
Implementation	Telangana	Medchal Malkajgiri	Mudchinthalapally	Kolthur	43.08	80.77	37.69
Implementation	Telangana	Medchal Malkajgiri	Mudchinthalapally	Narayanpur	21.54	85.38	63.85
Implementation	Telangana	Medchal Malkajgiri	Mudchinthalapally	LAXMAPUR	25.38	77.69	52.31
Implementation	Telangana	Medchal Malkajgiri	Mudchinthalapally	Keshawaram	40.00	77.69	37.69