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the study was reviewed by the institutional ethics committee of the esic medical college and pgimsr, kk nagar, chennai by an expedited review process. the research was conducted in adherence to the national ethical guidelines for biomedical and health research involving human participants by the indian council of medical research, 2017 and the declaration of helsinki. the proposal was approved with iec no. iec/2021/1/20 dated 20.06.2021. verbal informed consent was obtained from all participants before collection of data. the institutional ethics committee permitted a verbal consent process in order to minimize the exchange of potential fomites in the form of paper and pen and limit the possibility of transmission of covid 19. respondents were provided adequate privacy during the interview and confidentiality of their information was protected. this study was approved by the institutional ethics committee of the national institute of nutrition, indian council of medical research, new delhi, india and conducted in accordance with the helsinki declaration of 1975, as revised in 2000. we obtained informed written consent from all participants. the consent procedure explained to all participants that all their responses will be kept confidential. questionnaire i was used to evaluate the knowledge of participants on covid 19 pandemic. this questionnaire included 15 questions with multiple responses and was validated in a previous study [21]. questionnaire ii was used to assess the attitude of participants. this questionnaire included 8 questions with multiple responses and was validated in a previous study [21]. questionnaire iii was used to assess the practices of participants. we used the validated questionnaire to determine the knowledge, attitude and practices of participants about covid 19 pandemic. we had previously used the same questionnaire to evaluate the knowledge and attitude of participants about covid 19 pandemic in a study conducted in tamil nadu in january 2020 [21].

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All the respondents were interviewed face to face, and none of them were exposed to any type of coercion or manipulation in collecting the information. They were advised to read a brief written information about the purpose of the study and were only asked questions pertaining to the conduct certificate. No respondent refused to answer questions after explaining the purpose of the survey. Community engagement and media outreach were essential to the success of this cluster. We used Tamil for the interviewers so they would be easily understood by participants and they could get instant answers to their queries [26]. They were uniformed officials who were employed in the department of health, local administrative body or private health institutions. They were given training in the content and importance of the information that was

being provided to them. In addition to that, a project team accompanied the interviewers to provide support at the time of the interviews, and at times, home visits were made to further check on the status of the participant. We then decided to cluster the samples based on variables that yielded more heterogeneity in responses. Analysis of these variables and analysis of the samples led to the identification of four sub-groups or clusters. Cluster analysis is very useful for finding patterns in data. This is because it allows for grouping together similar cases and drawing a picture of these subgroups. The major advantage of using cluster analysis to understand heterogeneity in the responses is that the clusters contain only cases that have similar patterns of responses, thus allowing us to answer the research question. This will help us in designing tailored interventions for each cluster in order to address the specific obstacles.

Conduct certificate management can be a paper trail that incorporates the same information that the police and courts need to decide if an individual has served his or her sentence properly. If the conduct certificate is not updated within 90 days of release, individuals will be reincarcerated. This information should not be ignored and the update should be done to ease the burden of re-incarceration. 5ec8ef588b

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