West Champaran

TOTAL VACCINATED under RECOVER Bihar

DOSE 1

Total Targeted **7049** Total Vaccinated **4370**

18+ years	15 to <18 years
2895	1475

DOSE 2

Total Targeted **21055** Total Vaccinated **10211**

18+ years	15 to <18 years
7867	2344

NO. OF BLOCKS 5

NO. OF VILLAGES 62

POPULATION DEMOGRAPHICS

Caste & Religious Composition

Hindu Scheduled Castes, Other Backward Castes, Muslims, Christians

Common Occupations

Migrant Workers, Day Wage Laborers, Small Business Owners, Farmers, Factory Workers

SPECIAL GROUPS VACCINATED

Lactating mothers 861	General 10162	Pregnant women 383	Migrant workers 182	Elderly 1422
Chronically ill 158		People with disability 48	Refusal 1365	

The Packard Foundation supported RECOVER project, an embedded partnership between Project Concern International (PCI) and the Vihara Innovation Network (VIN), is actively supporting the Government of Bihar's endeavour to achieve 100% vaccination coverage.

PCI A Global Communities Partner

विहारा VIHARA INNOVATION NETWORK

OVERVIEW

Hard-to-reach

The district of West Champaran shares its borders with Uttar Pradesh and Nepal, and has a history of naxal invasion. It has a mixed terrain, mostly consisting of plain land and long sandy patches, with deep rivers cutting through different blocks and villages. It hosts three extremely remote villages with no access to transportation nor limited phone connectivity. This district also experiences extreme weather conditions - chilly winters, hot summers, and heavy rainfall and storms during monsoons. During monsoons, the river floods the neighbouring villages, making movement within or between some villages even more difficult. Thus, this region and its inhabitants are categorized as ‘hard-to-reach’ for the public health system and its representatives. Additionally, the large distance between blocks (50-60kms), and between villages under RECOVER Bihar and their respective block headquarters (25-60kms) makes daily physical monitoring by PCI staff challenging.

Recruitment challenges

Limited access to resources, including education, has percolated into low literacy level among beneficiaries, making mobilization and recruitment of Village Mobilization Coordinators (VMCs) challenging in extremely remote villages.

Operations and support

Internal resourcing challenges and limited orientation in the initial months was a major bottleneck for the PCI team at the beginning of the program. Along with this, de-prioritization by block level health officials in a few blocks and lack of formalized involvement of Rural Medical Practitioners (RMPs) in vaccination are other barriers to COVID-19 vaccination coverage.

Perceptions and mindsets

Misinformation as a result of rumours around COVID-19 vaccination being a political propaganda was widely prevalent across West Champaran. Other reasons for hesitancy include fear of post-vaccination bodily side-effects and fatalities, especially among specific population groups - pregnant women (PW), lactating mothers (LM), chronically ill, elderly, people with disability, and Muslim minorities. Beneficiaries across the district also have low trust in authorities due to fraudulent activities in the past, which exacerbated the challenges of mobilizing beneficiaries.

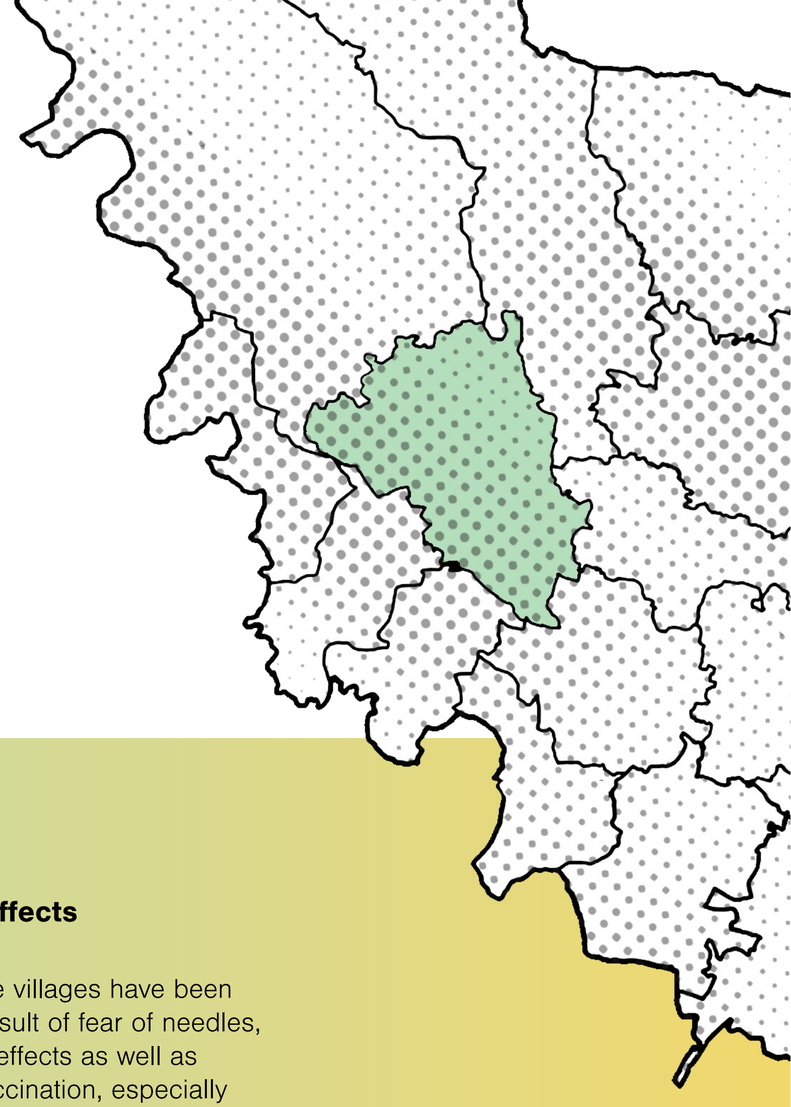
BLOCK BAGHA 1

15
NO. OF VILLAGES

POPULATION DEMOGRAPHICS

Mostly Hindu Scheduled Castes (Manjhi, Ravidas, and Paswaan), Other Backward Castes (Khaar, Shah, Hajaam, Kumhaar), and General (Bhumihaar, Rajput, Lala, Brahmin); and few Muslims (Husain, Khan, Maulvi)

> *Routine Immunization is going on. How will your vaccination camp happen? Leave it. Come back later.*
>
> **Health official, Bagha 1**



KEY BARRIERS

Lack of operational and mobilization support

Resourcing challenges within the PCI team and changing leadership posed a bottleneck in the initial months of the program. Lack of support, de-prioritization, and communication gap between few health officials was another major barrier in this block. For instance, once, despite micro planning and all preparations, the vaccination session was cancelled last-minute as the Auxiliary Nurse Midwife (ANM) was called in for a meeting. The PCI team was informed about it by the Public Health Center (PHC) team the very same morning.

Low trust on authorities

Association of vaccination with political leaders or it being a political propaganda exacerbated mistrust in authorities, especially among Muslim minorities, which made mobilization across the block extremely difficult.

Fear of side-effects

Refusals in some villages have been prevalent as a result of fear of needles, and fear of side-effects as well as fatalities post-vaccination, especially among special groups.

KEY STRATEGIES EMPLOYED

PCI team breaks refusals in socio-economically backward communities like Musahar community, through targeted counselling using collaterals and reassuring about wellbeing, identifying due beneficiaries and giving tokens a day prior to vaccination as reminders, and organizing a session site in the village itself.

1

Against all odds and with diligent efforts, the PCI team works closely with block level health officials to prepare a micro plan and make other necessary arrangements for vaccination sessions to be held the following day.

2

3

Post-vaccination home visit by PCI team for all vaccinated beneficiaries, to ensure well-being and distribute vaccination certificates, which is treated as a very important document by some as an identity proof and for other usage.

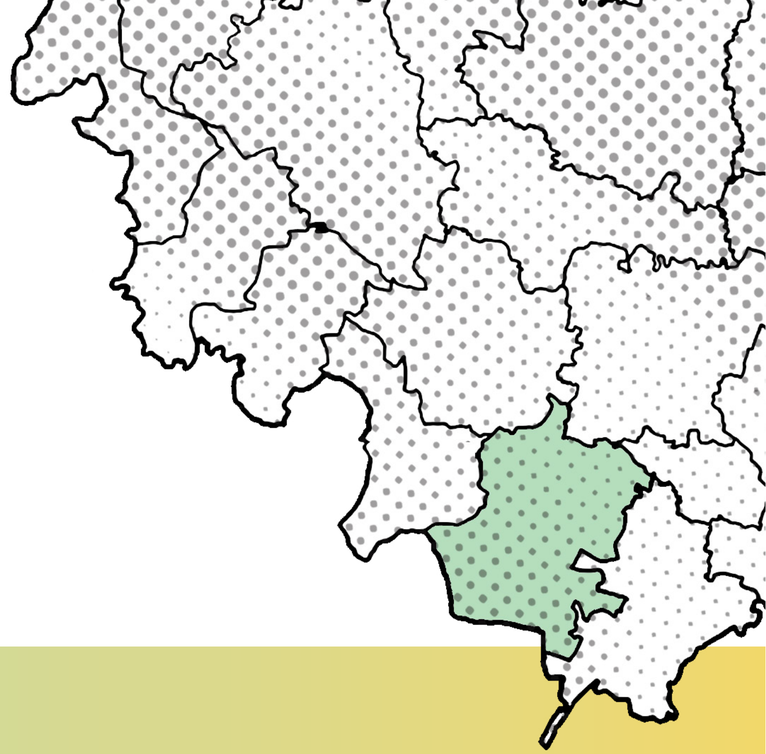
BLOCK BAIRIYA

12
NO. OF VILLAGES

POPULATION DEMOGRAPHICS

Hindu Scheduled Castes (Paswaan, Chamaar, Dhobi); Other Backward Castes (Teli, Turha); and Muslim minority

> *My time has come. What's the point of taking the vaccine now?*
>
> **70 yo beneficiary, Bairiya**



KEY BARRIERS

Poor physical connectivity

Bairiya is divided by Gandhak river, with two villages on the other side of the river. During monsoons, the river floods the neighbouring settlements, compelling residents to temporarily move to higher terrains for a few months annually. Furthermore, large distance between RECOVER Bihar villages within the block, and their distance from PHC Bairiya (10-30 kms) also limits access to healthcare facilities. As a result of these geographical barriers and consequences of extreme weather conditions, these villages have remained isolated from various healthcare schemes and services, including COVID-19.

Recruitment challenges

Due to the tough terrain and nature of work to be undertaken by VMCs, recruiting them was a challenge for PCI. Furthermore, this challenge was aggravated as a result of low trust around payment of salaries due to past fraudulent experience with other partners, and influence of certain opposing community members.

Low literacy and lack of structural support

Low literacy among the majority population, further exacerbated the challenges of recruiting VMCs and mobilizing beneficiaries. For instance, most residents of Paterwa and Khaidari Bhagat ka Tola are uneducated. As a result, PCI team was unable to recruit a local VMC, and the Block Coordinator along with Verifer were compelled to conduct the line listing activity on their own. ASHAs, on the other hand, assumed they were being monitored, since such a survey had already been undertaken by them. As a result, their support was also limited in the initial months. Furthermore, lack of structural support to compensate for one's loss of day-wage earning and health expenses post-vaccination, and no support for women undertaking various domestic duties were other barriers to vaccination.

Perception of beneficiaries

Differing religious beliefs and perceptions around vaccination being a political propaganda was prevalent among Muslim minorities across Bairiya. Apart from fear of side-effects and fatalities post-vaccination, elderly beneficiaries didn't see any benefit of getting vaccinated as they believed to only live a few more years.

KEY STRATEGIES EMPLOYED

1

Use of Alternate Vaccine Delivery (AVD) vehicle arranged by PCI to transport the vaccine, ANM, and Verifer in difficult terrains to hold vaccination sessions in hard-to-reach areas

2

Liaisoning with JEEViKA Block Program Manager (BPM) by PCI to map villages under RECOVER Bihar in Bairiya and shortlist candidates for the position of VMC in each village.

3

Leveraging Mukhiya's (PRI Head) support in conducting line listing, mobilization, and token distribution a day prior to the vaccination session. In Surajpur, in addition to this, the Mukhiya proactively participated during the vaccination session, got his second dose, and ensured all due beneficiaries are vaccinated.

4

Leveraging trusted sources in the community to address resourcing challenges, and mobilizing beneficiaries. In Singahi, the RMP was recruited as the VMC who conducted line listing and mobilization with the support of the Block Coordinator (BC) and Verifier.

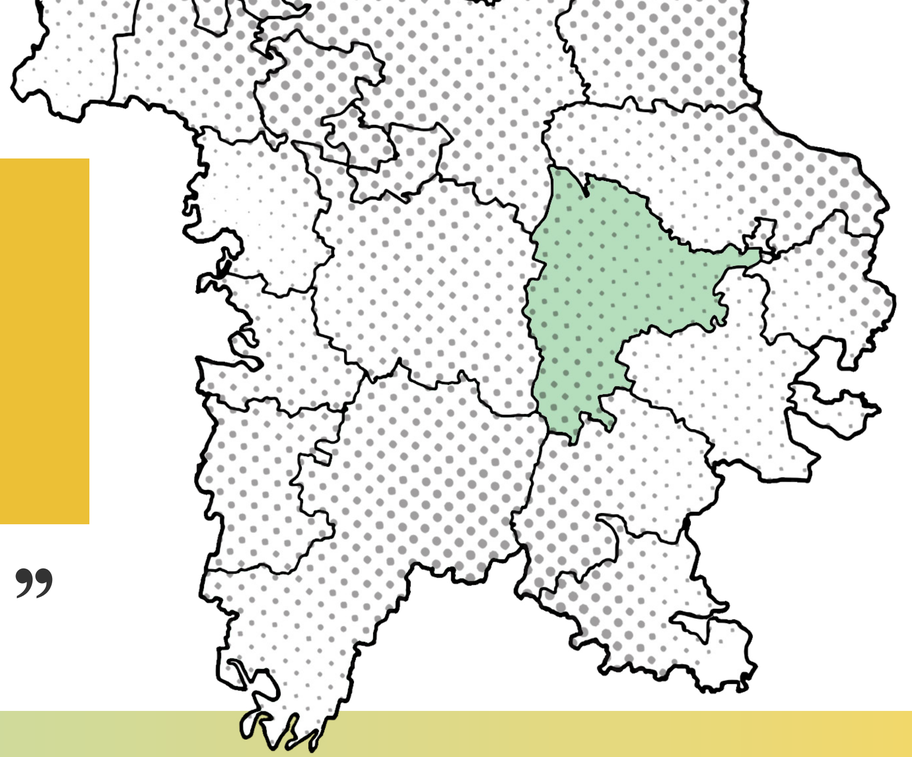
BLOCK LAURIYA

12
NO. OF VILLAGES

POPULATION DEMOGRAPHICS

Mostly Muslims (Husain, Khan, Maulvi); and mainly Hindu Scheduled Castes (Manjhi, Ravidas, and Paswaan), Other Backward Castes (Khaar, Shah, Hajaam, Kumhaar), and General (Bhumihaar, Rajput, Lala, Brahmin)

> *Why should I give the same information again and again?*
>
> **Beneficiary, Lauriya**



KEY BARRIERS

Poor physical connectivity

Lauriya shares its border with Uttar Pradesh and Nepal, and is divided by Gandak river, with villages on either side. It has a history of Naxal invasion, with villages located at large distances from each other. One has to cross the river on a boat to reach a few villages that are remotely located. For instance, the BC and Verifier commute to Vrindavan village on a bike and use a boat to cross the river during their visits. These geographical barriers impact mobilization of beneficiaries and daily physical monitoring of activities across such villages.

Resourcing challenges and limited mobilization support

Recruiting and retaining VMCs in this block was a major challenge due to the extremely tough terrain and nature of work. Furthermore, low literacy among the majority of the population, especially in remote villages like Vrindavan, made recruitment even more difficult. Additionally, lack of designated ANM and limited mobilization support by ANM due to the difficult terrain were other barriers.

Repetitive data collection impacting mobilization

Beneficiaries across the block had low trust on authorities due to past experiences and would be reluctant to share any personal details, including Aadhar Card, and instead demanded evidence of PCI staff's association and genuineness. Repetitive data collection around similar information by multiple partners further aggravated beneficiaries' hesitancy to share personal details, and in turn posed a barrier to vaccination uptake.

Repercussions of incentivization

Beneficiaries from villages that were not part of the randomized controlled (RCT) study would demand incentives post-vaccination similar to those in neighbouring RCT intervention villages. This was a concern for the PCI as well as PHC staff, for which they then put in additional efforts to mobilize such beneficiaries.

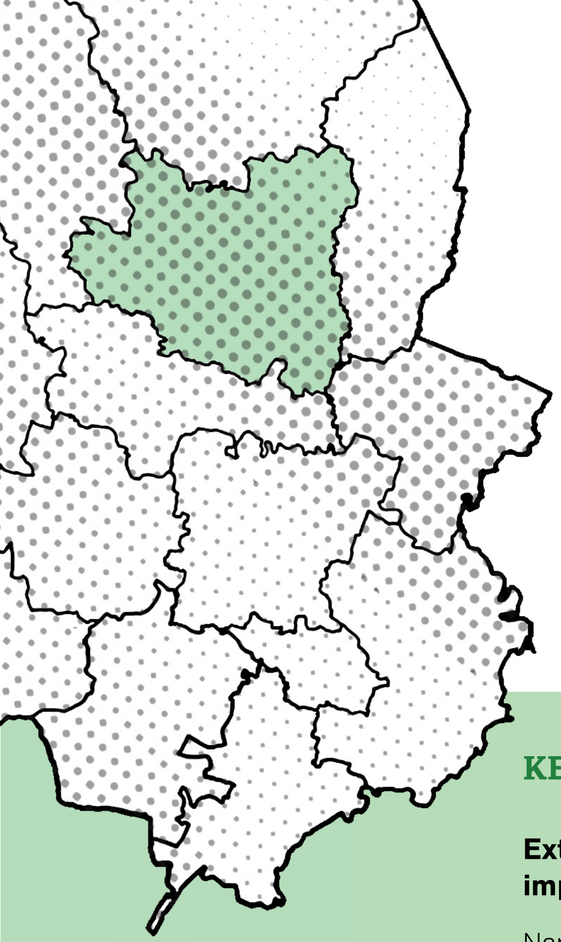
KEY STRATEGIES EMPLOYED

Leveraging Community Health Officer (CHO) for mobilization and vaccination support in areas where ANM was unavailable. In one village, a CHO proactively assisted PCI for 3 days straight, working over 8 hours daily to counsel due beneficiaries, conduct door-to-door vaccination and provide beneficiaries with the team's phone number for any health-related concerns.

1

3

Against all odds, PCI team uses local commute options to visit extremely hard-to-reach villages to conduct various activities around line listing, mobilization, physical monitoring, and holding vaccination sessions within the village itself, along with door-to-door vaccination.



BLOCK NARKATIYAGANJ

14
NO. OF VILLAGES

POPULATION DEMOGRAPHICS

Hindu Scheduled Castes (Musahar, Paswaan, Kurmi, Yadav, Kahaar, Shah, Ravidas, Manjhi, Hazaam); General Hindu Castes (Rajput, Brahmin); Muslim minority; and Christians

> *Women of our house won't step out. People in the village would talk ill about us.*
>
> **VMC Candidate, Narkatiaganj**

KEY BARRIERS

Extreme weather conditions impact accessibility

Narkatiaganj shares its borders with Gaunha block, Uttar Pradesh, and Nepal; and has villages that are situated 10-15 kms from each other, which are divided by Gandak river. Due to its proximity to Nepal, this block experiences chilly winters with slight rainfall periodically. This posed a challenge for the PCI team in the initial months, as they would need to visit villages early in the morning before beneficiaries leave for their respective jobs for the day. Furthermore, mobility would be restricted during monsoons, due to blockage of muddy roads and fallen trees during storms, which also made it unsafe to travel. These geographical barriers and weather conditions were major barriers to physical monitoring and vaccination coverage in the block.

Low trust on authorities

Low trust on authorities due to past experiences made line listing by PCI extremely challenging, along with mobilization of beneficiaries. For instance, in Musahar tola, the sense of community and collective decision-making was strong, which made mobilization quite difficult. Furthermore, residents would question the PCI team's genuineness and would demand evidence of their association. Other barriers included Muslim minorities believing COVID-19 vaccination to be a political propaganda and against their religious beliefs.

Lack of mobilization support and resourcing challenges

Liasioning with few block level health officials and other governance stakeholders was slightly difficult as a result of competing priorities. This posed a barrier to mobilization and vaccination uptake in the block. Furthermore, recruitment of female VMCs, especially in Muslim dominated villages, was a major barrier due to the last-mile nature of work. For instance, Belwa only has a male VMC because women didn't feel comfortable going door-to-door for data collection or undertaking mobilization, in fear of ill talks by village residents.

KEY STRATEGIES EMPLOYED

Leveraging Community Health Officers (CHO) to mobilize due beneficiaries and give reminders a day prior to the vaccination session.

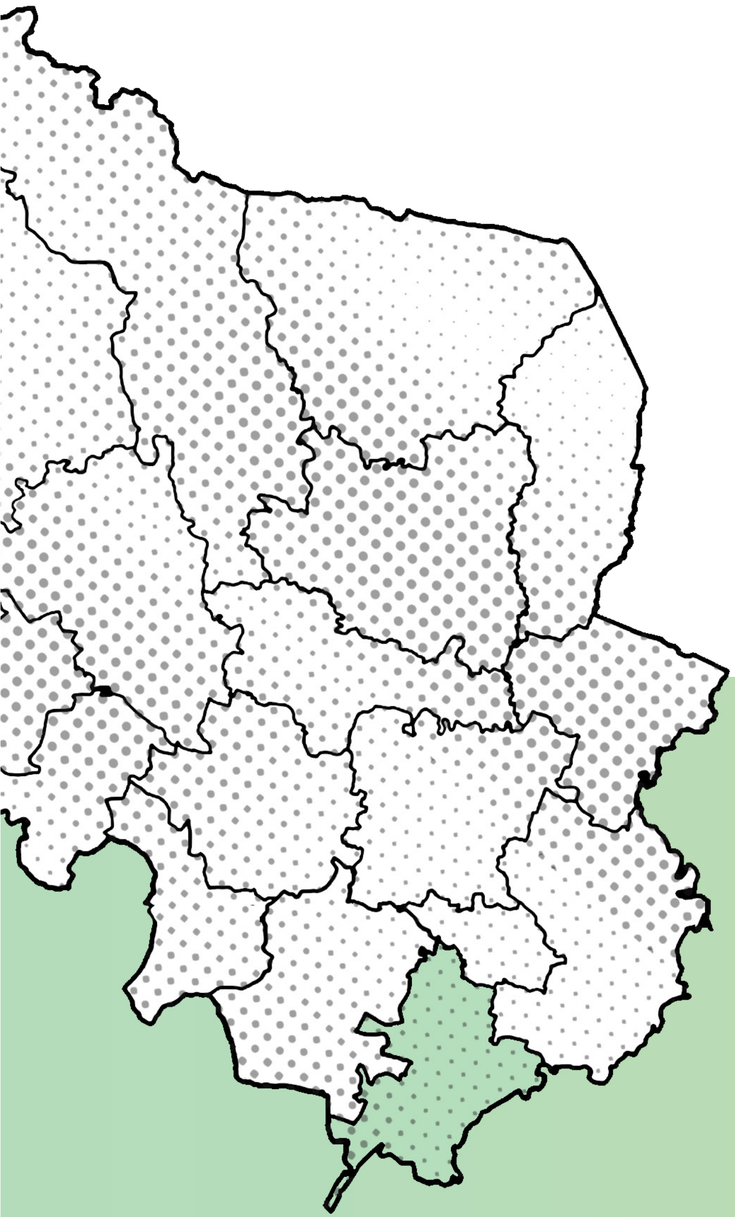
1

Working closely with community influencers like Maulwi to address hesitancy in beneficiaries through door-to-door mobilization and mic announcements at mosques at the day of vaccination session as reminders.

2

3

Training of ASHAs and ANMs conducted by PCI team to educate them about the collaterals, its usage in targeted counseling of special groups, and addressing any queries or concerns. This made overall liasioning between teams stronger, and impacted vaccination uptake.



BLOCK NAUTAN

9
NO. OF VILLAGES

POPULATION DEMOGRAPHICS

Hindu Scheduled Castes (Pasmaan, Chamaar, Dhobi); Other Backward Castes (Teli, Turha); and Muslim minority

> *People are focused more on older protocols that came in the initial months, but not on the more recent ones.*
>
> **Block Coordinator, Nautan**

KEY BARRIERS

Low literacy and lack of trust on 'outsiders'

Low literacy among the majority population, coupled with lack of trust on 'outsiders' due to fears of money laundering through collection of personal details, were primary barriers to mobilization and vaccination uptake in Nautan.

Fear of side-effects and changing vaccination protocols

Hesitancy among beneficiaries, especially lactating mothers and those with chronic diseases, was prevalent across the block due to the fear of side-effects and fatalities post-vaccination. Hard refusals were also prevalent in the block, with some extremely violent beneficiaries who would threaten the PCI staff during their visits. For instance, an elderly in Khab tola would abuse and try to hit the team with his laathi during their interactions. Furthermore, a major barrier to vaccination among pregnant women and lactating mothers was changing government protocols over time, which led to doubts and confusion, and exacerbated their fears.

KEY STRATEGIES EMPLOYED

Pledge taken by 40-50 families across Nautan - an activity organized by PCI to build a sense of community, and mobilize hesitant beneficiaries. Slogans were formulated in consultation with beneficiaries who pledged to visit or get married in households with all family members vaccinated, keep relations only with vaccinated people, etc.

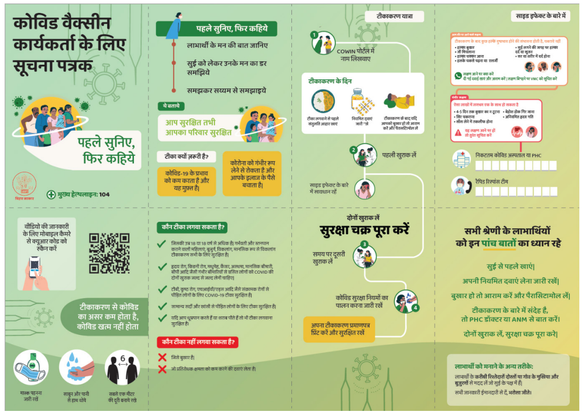
1

2

PCI team breaks hard refusal cases (even of violent beneficiaries) through door-to-door targetted counselling by frequent visits; giving reassurance of safety around vaccination; leveraging family members' and neighbours' vaccination experience; and post-vaccination visit for handover of certificates and enquiry of one's wellbeing.

CASE STORY

The Alternate Vaccine Delivery vehicle provided under RECOVER Bihar with the ANM and the PCI team crossing the Gandak River to get to Paterwa.



The VMC Counseling guide offers tried and tested beneficiary centered counseling strategies that prioritize empathy driven approaches to breaking refusal - created by RECOVER Bihar learning and knowledge partners, Vihara Innovation Network.

West Champaran's Bairiya Block is a home to few hard-to-reach villages, and one of the most challenging villages is Paterwa. Situated almost 22 kilometers from the PHC Bairiya, one has to cross the Gandak river and a coarse sandy patch stretching up to 8 kilometers to get to this village. With a population of 600, Paterwa is home to the Yadav, Koiri and Muslim communities. The main occupation of the village is farming and seasonal migration to seek work during the monsoons. Therefore, tracking the migrants and daily wage workers who step out for work is a major challenge. There is limited penetration of immunization services, with the last Routine and COVID Immunization session held six months ago in 2021 due to the difficulty in reaching the area. Poor access to the healthcare system makes it more backbreaking for the villager residents to avail pre-vaccination counseling and post vaccination care.

Besides the arduous route to Paterwa, there were other problems that the team tackled. Recruitment of Village Mobilization Coordinator (VMC) initially posed challenges due to the residents' low literacy and awareness around the pandemic. However, the consistent efforts of the Block Coordinator and the Verifier yielded results, and a young and motivated male VMC was recruited from the village. After the block level training for the VMCs and Verifiers organized by the Block and District Coordinator, line listing was conducted in the village, which had its own set of challenges. While the VMC was from the village

The Alternate Vaccine Delivery vehicle picking up the Auxiliary Nurse Midwife (ANM), Verifier and vaccination from the Primary Health Center of Bairiya block in West Champaran.

itself, the appointed Verifier belonged to another village and was responsible for 2 RECOVER Bihar villages. Due to the long commute to the village and tracking issues with daily and farm laborers out for work during the day, the Verifier had to stay back in Paterwa for 3 days to finish his work later in the evening when everyone was back home. With this commitment, the team of Verifiers and VMC finished the line listing process in a span of 3-4 days. As a result, a due list of all 15+ beneficiaries was created, with 310 people from the 18+ age group and 31 from the 15+ age group due for either first or second dose. Subsequently, the team adopted targeted counseling approaches to mobilize beneficiaries by using the strategic guide tool, specifically created for VMCs.

Following this, the next step was to find a suitable location to set up the vaccination camp. As houses in Paterwa are spread in different directions, choosing an accessible and central vaccination site was crucial. Therefore, the team selected the Panchayat Bhavan as it had space to create a waiting area as well. However, when the team went to get the respective permission, the guardian of the house was not at home, but the family members gave the permission. As a result, the campsite was set up for 1st of April, and so the team distributed the mobilization token a day before the camp as a reminder and to prepare due list beneficiaries. But then the PCI team received a call from the guardian who had returned from the city and threatened them not to use the Panchayat Bhavan for

Lactating Mother finally takes her second dose after a wait of 6 months. Her beaming smile reflects her happiness that she and her child are safe and healthy.

any vaccination work. The team was quite worried and immediately approached the Mukhiya of the village, who intervened and resolved the matter.

On the day of the vaccination, the PCI team arranged for an Alternate Vaccine Delivery (AVD) vehicle to pick up the Auxiliary Nurse Midwife (ANM), Verifier and vaccine from the PHC. The entire team including Block and District Coordinators were present to make sure the entire vaccination session goes smoothly. The decorated session site offered a welcoming ambience as beneficiaries, young and old, walked in with their mobilization tokens and Aadhaar Cards. After the registration process for 1st and 2nd dose beneficiaries by the Verifiers on the site, the beneficiaries were directed to ASHA didi who enquired about their food intake, followed by administration of vaccine and distribution of masks to each beneficiary by the ANM. The beneficiaries were then directed to the waiting area for 15-30 minutes before heading home. Certificates were also distributed to all those who were vaccinated.

For some beneficiaries who had been waiting for their second dose for six months, this was a moment of gratification. The first PCI camp in Paterwa proved to be successful and a total of 84 beneficiaries were vaccinated.

We appreciate the commendable efforts of Deelip Kumar Poddar (District Coordinator), Akhilesh Kumar (Block Coordinator), Chandan Kumar (Block Coordinator), Mritunjay Sharma (Block Coordinator), and the entire team of Village Mobilization Coordinators and Verifiers in bringing this district one step closer to 100% vaccination.

The Packard Foundation supported RECOVER project, an embedded partnership between Project Concern International (PCI) and the Vihara Innovation Network (VIN), is actively supporting the Government of Bihar's endeavour to achieve 100% vaccination coverage.

Abbreviations & Acronyms

ANM
Auxiliary Nurse Midwife

AVD
Alternate Vaccine Delivery

AWW
Anganwadi Worker

BC
Block Coordinator

CHO
Community Health Officer

DC
District Coordinator

PHC
Primary Health Centre

PRI
Panchayati Raj Institution

RCT
Randomized Control Trial

RMP
Rural Medical Practitioner

VMC
Village Mobilization Coordinator