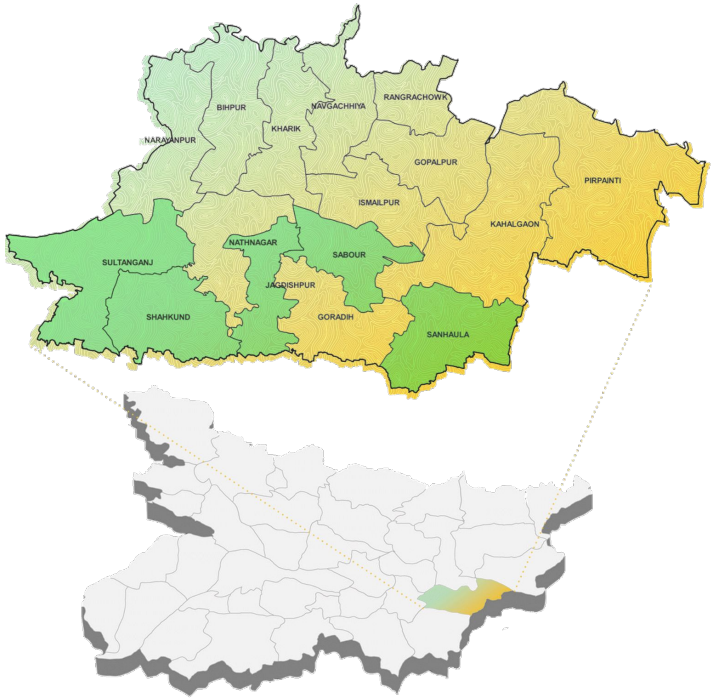
Bhagalpur



TOTAL VACCINATED under RECOVER Bihar

DOSE 1

Total Targeted **12789** Total Vaccinated **9301**

18+ years	15 to <18 years
5617	3684

DOSE 2

Total Targeted **26648** Total Vaccinated **17071**

18+ years	15 to <18 years
14229	2842

SPECIAL GROUPS VACCINATED

Lactating mothers 1051	General 19344	Pregnant women 436	Migrant workers 514	Elderly 2423
Chronically ill 515		People with disability 109	Refusal 1980	

NO. OF BLOCKS 5

NO. OF VILLAGES 62

POPULATION DEMOGRAPHICS

Caste & Religious Composition
Muslims, Hindu, Scheduled Castes, and Other Backward Castes

Common Occupations
Migrant Workers, Day Wage Labourers, Small Business Owners, Milch Farming, Packaging workers

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OVERVIEW

Seasonal Challenges

Bhagalpur is a city on the Southern banks of the river Ganges, shares a border with Jharkhand state. The district is prone to floods during monsoons, with 12 out of a total 17 blocks affected by floods. The floods effectively damage roads every year, making commute and communication to far-flung tribal areas a tough challenge. Lack of frequent public transportation facilities also adds to crucial time loss on a daily basis, making coordination with beneficiary and their availability unpredictable. Seasonal challenges get exacerbated due to underdeveloped public systems.

Recruitment challenges

Bhagalpur comprises an underprivileged minority dominant demographic which have had limited exposure to education and an unpredictable income. Lack of exposure led to easy spread of myths related to vaccination and percolation of fear of side effects across many villages like Gokulpur, Dauna Sultanganj and Khaira which had almost full refusal despite efforts from government vaccination programs and presence of Anganwadis. These factors also contributed to delayed recruitment of VMCs; line listing had to be re-done as beneficiaries would first say yes, then on the day refuse.

Silent Refusal or Protest?

Bhagalpur had some of the lowest vaccination figures due to high refusal cases. Refusal could be attributed to a feeling of silent protest arising from various reasons. For instance, Muslims felt alienated from the governance due to the ban of loudspeakers from mosques, while other minorities felt their woes were not being heard enough. In general, there was resentment and most beneficiaries felt they faced lack of cooperation from health administration during past vaccinations.

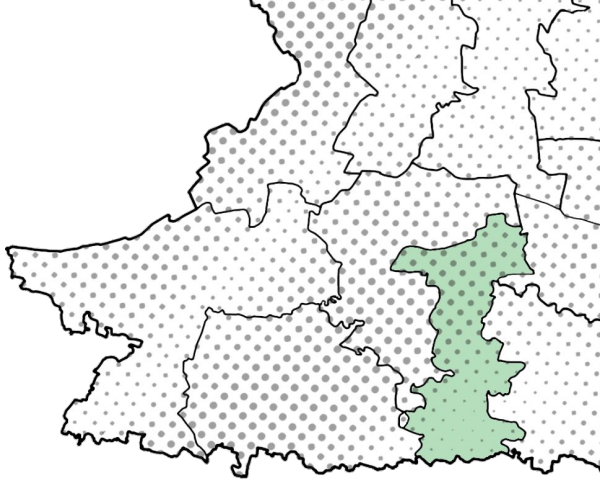
BLOCK JAGDISHPUR

14
NO. OF VILLAGES

POPULATION DEMOGRAPHICS

Muslims, Hindu Upper Caste, Scheduled Castes, Other Backward Classes

> *You only asked us to get vaccinated and then we had to spend ten thousand rupees on health.*
>
> **Beneficiary, Pahad Patti**



KEY BARRIERS

Delays in VMC appointment and line listing

A few villages like Sanhauli, Lalak, and Mirjapur were areas with some of the most hardcore refusals due to lack of awareness. Despite efforts from the administration, there was little turnaround. There was a lack of support from ASHAs and ASHA facilitators. VMC recruitment was a huge challenge since beneficiaries had reservations about vaccination and refused to even interact about the topic, with many shutting doors to pre-mobilizing efforts. There was a lack of support from ASHAs and ASHA facilitators as well apart from low education and awareness that made appointment of a local VMC extremely challenging.

Certificate and notification hiccups

There were many who despite vaccination did not get a notification, or even if received the notifications, were unable to read it. There was general hesitancy around visiting session sites. Additionally, there were many who complained that they got vaccinated earlier but were not given certificates.

Fear of side effects and expenses

In some cases, beneficiaries also complained of heavy expenditure on health due to side effects after taking first dose. So teams faced resistance during pre-mobilization activities for second dose. For instance, in the village of Pahad Patti, there is a street with multiple people complaining how they had to spend almost ten thousand on medicines as they felt weak after vaccination.

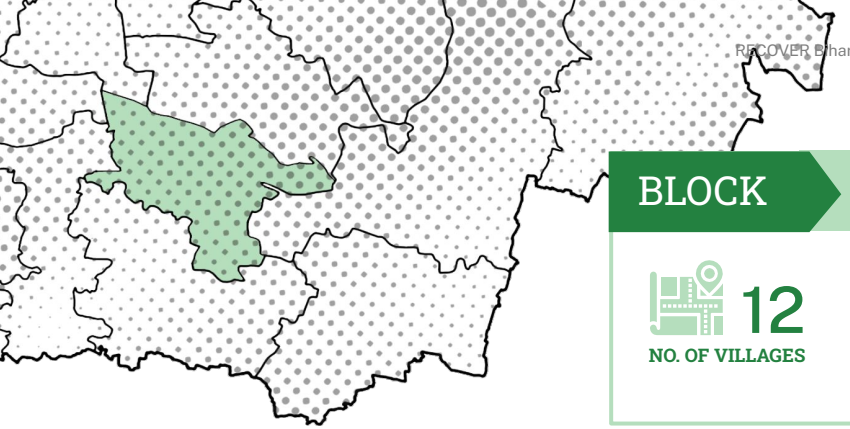
KEY STRATEGIES EMPLOYED

VMCs counselling hard to break cases, hearing their complaints and addressing their myths as part of pre mobilization activities.

1

2

Verifiers doing a cross check of certificates with beneficiaries to address any documentation errors on Cowin platform.



BLOCK SABOUR

12
NO. OF VILLAGES

POPULATION DEMOGRAPHICS
Primarily Muslims (Ansari, Kujra), Hindu Scheduled Castes (Dalit), Hindu Other Backward Castes (Yadavs, Kurmi)

> *Most of the people are already vaccinated, there is no need for me to get vaccinated.*
>
> **Beneficiary, Sabour**

KEY BARRIERS

Matching beneficiary availability and shift timings

During Phase-1 at Sabour, PCI started with session sites which started to witness a gradual decline in footfalls. In villages primarily inhabited by Muslim community during the months of Ramzan, this decline was even more steep where sites started observing zero turn outs. PCI teams had to shift to updating line listing and mobilization activities only during this period. While a shift got planned, teams faced another challenge in summers during Phase 2 of people being unavailable during daytime because of farming season, work timings and intense heat.

Impact of incentivization

It was extremely challenging for the PCI team to communicate to beneficiaries from non-RCT villages about their eligibility for incentives, being given as part of a Randomized Controlled Trial (RCT) study. In villages like Amdaar, after this rumor spread across, people stopped going to free vaccination camps organized by Primary Health Centres (PHCs).

Complacency and disregard for re-spread

Belief in myths about side effects posed delays in appointment of local VMCs, for instance in Sabour despite district and nodal authorities intervening, there was very low motivation for recruitment prompting delays in due list preparation and eventually vaccination. There was also a sense of complacency amongst beneficiaries that since so many are already vaccinated the disease doesn't exist any more, the spread has reduced and now, they don't see Covid-19 harming them any more, so there is no need for vaccination.

KEY STRATEGIES EMPLOYED

Home to home delivery of vaccine by ANMs and Verifiers using their personal transport to reach areas where public transport is not accessible.

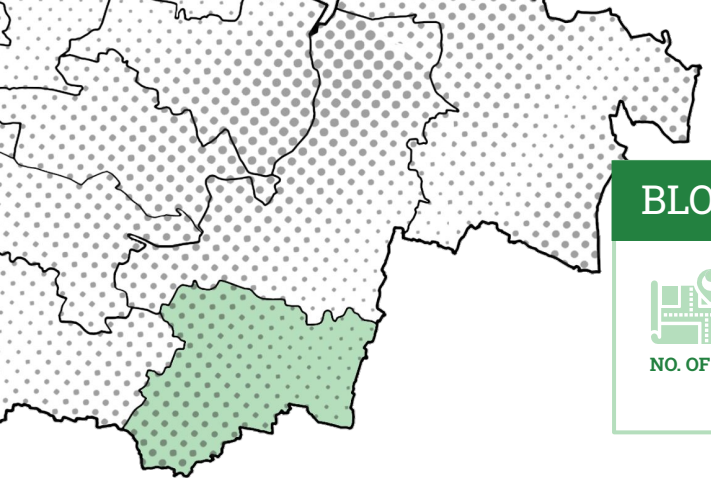
1

Using AVDs to reach early in early hours as per the availability of the beneficiary directly to their homes.

2

3

Addressing misconceptions and concerns of beneficiaries through targeted counselling by VMCs as part of pre-mobilizing efforts.



BLOCK SANHAULA

11
NO. OF VILLAGES

POPULATION DEMOGRAPHICS

Primarily Muslims, few Hindu Scheduled Castes, Other Backward Castes (Yadav, Kurmi, Jaiswal), Christians and Tribes (Santhal)

> *Vaccine will make us sterile, people become weak after taking it.*
>
> **Beneficiary, Sanhaula**

KEY BARRIERS

Poor road connectivity and long commute

Sanhaula is at Bihar-Jharkhand border. Both the PHC and block are in opposite directions at a distance of 35 kms, with difficult access due to broken roads. This poses challenges on a daily basis, especially during home-to-home (H-H) visit during summers. The heat wave also increased commute related challenges, as cadres suffered severe cramps and dehydration post travel and during the on-ground mobilization.

Pre-mobilization barriers

Children would pull out home stickers, and people had inhibitions regarding vaccines. As a result, very few people used to show up initially. Verifiers and VMCs were required to make multiple visits to villages to ensure people show up.

Unfamiliarity with certain communities impacting uptake

Some Villages with specific community populations, such as Santhal tribe in Gokulpur, posed a challenge due to language and access barriers as a result of communication and lack of familiarity with this community. This made vaccination extremely challenging for the PCI team.

Misinformation and fear of side effects

In villages with majority Muslim population, perceptions of vaccination being a population control measure, and it having severe life-threatening side effects were prevalent. In case of any side effects, people would blame the vaccination cadres and refuse to take the second dose, in some cases. Furthermore, delays in line listing and vaccination were exacerbated during the months of Ramzan due to conflicting religious beliefs. Prevailing myths about side effects coupled with beneficiaries' reluctance impacted mobilization by PCI.

KEY STRATEGIES EMPLOYED

1

DIO Inspecting Line listing and Home stickering and PCI team member giving a description on types of information displayed on it at a RCT Village site at Gokulpur.

2

Police officials at Amdanda police station; presence of police department was leveraged at the RCT site in Gokulpur to address any mishappenings in case of incentivized vaccination.

3

Child Development Project Officer (CDPO) attending a vaccination session organised by PCI team within school to mobilize students and other due beneficiaries at Jalha.

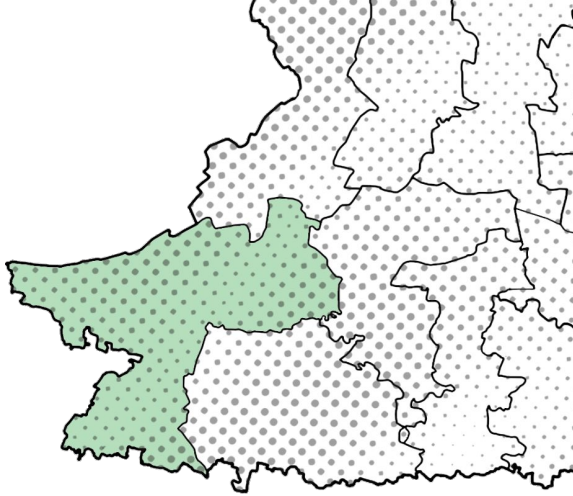
BLOCK SULTANGANJ

13
NO. OF VILLAGES

POPULATION DEMOGRAPHICS

Hindu Scheduled Castes (Dom, Manjhi, Paswaan, Dhobi), Other Backward Castes (Yadav, Kumhar, Kurmi), General Castes (Bhumihar, Brahmin, Rajput), Muslims

> *Our monthly ration was stopped and our names in Aadhar are also incorrect so we won't take this vaccine.*
>
> **Beneficiary, English Chichroun**



KEY BARRIERS

Low trust on authorities and lack of structural support

In Chichroun village during the phase 1 line listing, beneficiaries expressed that their PDS ration was stopped as their Aadhar Card had wrong details. As a result, they were adamant to opt out of vaccination and in some cases expressed reluctance to cooperate with government requests as a protest.

Fear of side effects in co-morbids and generals getting influenced

Perception that vaccines might create complications became a mental barrier for many beneficiaries, especially in chronically ill and elderly, but others also latched onto this in a bid to safely avoid vaccination as there was a fear of side effects also in their mind, which had quickly spread.

Perception that vaccine affects virility

Beneficiaries felt that the vaccination actually affects virility and is a politically motivated move to ultimately make them infertile. For instance, in Sultanganj within Muslim and marginalized communities, there was a sentiment that it's not COVID-19, but there is political pressure to get everybody vaccinated. In this pursuit, nobody was ready to listen to the PCI team, and not even the hospital staff. The resentment was widespread and contributed heavily to hard refusals, delaying coverage over months.

KEY STRATEGIES EMPLOYED

1

House to house certificate distribution for elders and chronically ill to build trust and mobilize other beneficiaries from all categories.

2

Leveraging local community influencers in presence of representatives from health administration to mobilize beneficiaries and allay fear of side effects.

3

Training VMCs on how to effectively use FAQs and Instruction sheet using Human Centred ways of communication to build trust within a community.

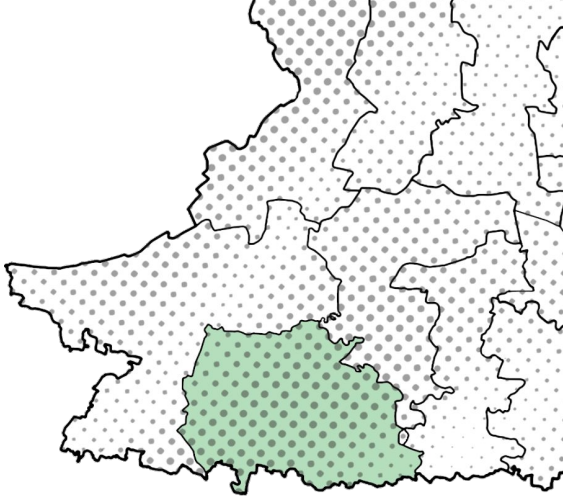
BLOCK SHAHKUND

11
NO. OF VILLAGES

POPULATION DEMOGRAPHICS

Primarily Muslim (Sheikh, Ansari, Darzi), and a small number of Hindus , Other Backward Caste (Yadav, Kurmi)

> *Why are you coming to us now when there is no Covid spread, where were you when it spread two years back?*
>
> **Beneficiary, Shahkund**



KEY BARRIERS

Vaccine duplicity

Widespread belief that since people in cities had already taken the vaccine first, villages are not a priority any more. People asked questions like,''Where were you when our people were dying in rural areas around them.” Not just this, government starting with controlling the spread in high density urban areas first made many beneficiaries in rural areas feel that may be the city people got the original vaccine, while the ones in rural areas are now getting a duplicate one.

Silent protest against coercion

In two villages like Dauna & Khaira, there was hard refusal to the extent where beneficiaries would shut the door the moment the PCI team mentioned vaccination. This was a result of coercion in the past that percolated into resentment towards authorities, including PCI team, who were believed to be associated with them.

Feeling of alienation impacting mobilization

At Khaira village in Shahkund block, 6 out of 9 villages received the first dose, and the rate was slow despite mobilization by PCI. The community felt alienated under the ongoing political debate of stopping loudspeakers from the Mosques, and expressed reluctance towards vaccination.

KEY STRATEGIES EMPLOYED

VMCs mobilizing beneficiaries from special categories, hearing their reservations and clarifying their myths about vaccines.

1

2

BC & VMCs session to share hurdles, strategize and train them on how to mobilize beneficiaries who are reluctant to take vaccine effectively.

CASE STORY

Dr. NK Sinha (SIO) with Dr. Manoj Kumar Chaudhary (DIO Bhagalpur), Ms. Suparna (CARE representative), Md. Rashi (PCI District Coordinator) and Rajeev Ranjan Kumar (PCI Block Coordinator) at the Gokulpur session site.

Dr. NK Sinha (SIO) with the PCI team handing out the Rs. 200 coupon to a 15+ beneficiary at the Gokulpur vaccination session site.

On 25th March, the Project Concern International (PCI) team had the opportunity to host the respected State Immunization Officer (SIO) of Bihar, Dr. N.K Sinha, in one of the session site villages in Bhagalpur district. The session site planned and organized by the PCI team was in Gokulpur village of the Sanhoula Block in Bhagalpur under the Randomized Control Trial (RCT) conducted by PCI in partnership with Yale University.

Situated on the border of Bihar and Jharkhand, Gokulpur is a hard-to-reach village which is home to the tribal community of Santhals, mainly speaking Santhali. Recruiting the Village Mobilization Coordinator (VMC) smoothened trust building as well as solved language barrier by helping in translation and supporting PCI team to communicate with village residents. Breaking refusal in this village and successfully setting up four vaccination session sites in Gokulpur was no easy feat. Therefore, the PCI team as well as the respected District Immunization Officer (DIO), Dr. Manoj Chaudhary decided to propose the RECOVER Bihar village visit to Dr. Sinha. On the day of the visit, Dr. Sinha along with District Project Manager (DPM) Faizan Alam Ashrafi, and partner agency representatives from CARE, UNICEF, UNDP and WHO observed the session site set up for 15+ eligible beneficiaries.

The team shared the entire vaccination process implemented under the project, right from line listing for due list identification, using mobilization tools for preparedness and reminders as well as coupon, mask and certificate distribution to complete the vaccination journey.

Dr. NK Sinha (SIO) with Dr. Manoj Kumar Chaudhary (DIO Bhagalpur), Ms. Suparna (CARE representative), and Md. Rashi (PCI District Coordinator) exploring the home sticker.

The SIO sir also interacted with beneficiaries and realized a lot of people had been due for the first dose, despite consistent efforts. A day before the site session, One day prior VMC went door to door to invite those due on due list. Two tokens were distributed, one for Pregnant and Lactating women and the other one for General and Chronically Ill populations, both offering relevant precautionary instructions so that there are minimal side effects.

To ensure a positive vaccination experience, the sessions were designed by understanding the needs of the beneficiaries like early session timings at 6 am so that the village residents don't miss out work and consequently their daily income. Each of the beneficiaries received a coupon of Rs. 200. The coupon was received as compensation for daily wage laborers in case they had to miss their work. Each beneficiary, besides mask was provided a paracetamol as a precaution, as the distance to PHC from the village is almost 25 kilometers. Post the vaccination, VMC also went house to house and distributed vaccination certificates to each beneficiary.

As per the line listing, a total of 705 above the age of 15 were eligible to be vaccinated in Gokulpur. A total of 456 got vaccinated for the 1st dose (primarily refusals), and 313 were vaccinated for the second dose through four session sites.

SIO sir, Dr. N.K. Sinha's visit was very motivating and inspiring for the team. As Md. Rashid, the District Coordinator for Bhagalpur says, "Our team felt great that our work was recognised at the State Level. Such positive feedback from the SIO sir has inspired us to keep going and doing better. We will work tirelessly to ensure 100% vaccination in all of the RECOVER villages in Bhagalpur".

विहारा VIHARA INNOVATION NETWORK

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We appreciate the commendable efforts of Md. Rashid (District Coordinator), Rajeev Kumar Ranjan (Block Coordinator), Adarsh Raj (Block Coordinator), Md. Tarique Ahmed (Block Coordinator), and the entire team of Village Mobilization Coordinators and Verifiers in bringing this district one step closer to 100% vaccination.

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Abbreviations & Acronyms

ANM
Auxiliary Nurse Midwife

AVD
Alternate Vaccine Delivery

BC
Block Coordinator

CDPO
Child Development Project Officer

DC
District Coordinator

DIO
District Immunization Officer

PHC
Primary Health Centre

RMP
Rural Medical Practitioner

SIO
State Immunization Officer

VMC
Village Mobilization Coordinator