



TOTAL VACCINATED
under RECOVER Bihar



SPECIAL GROUPS VACCINATED

Lactating mothers 579	General 24425	Pregnant women 272	Migrant workers 63	Elderly 1883
Chronically ill 110		People with disability 76	Refusal 586	



NO. OF BLOCKS
5

NO. OF VILLAGES
54

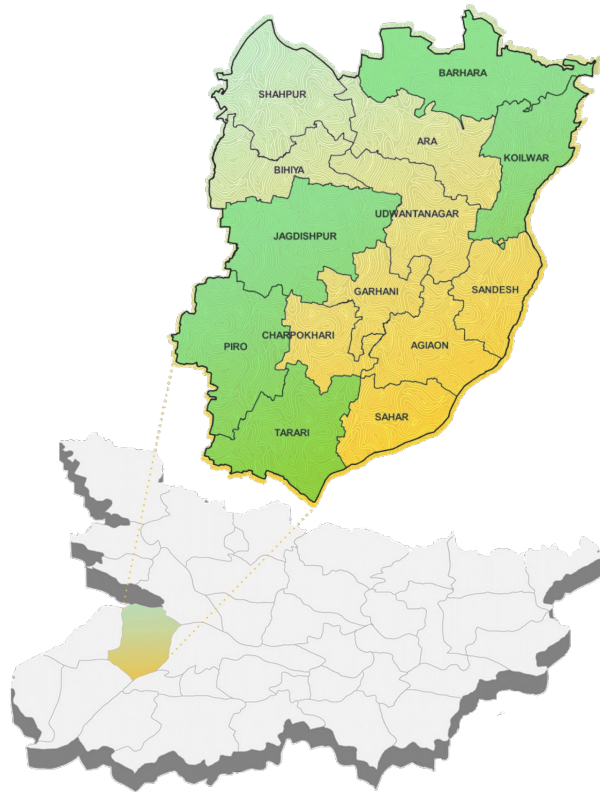
POPULATION DEMOGRAPHICS

Caste & Religious Composition

Muslims, Hindu, Scheduled Castes,
Other Backward Castes

Common Occupations

Migrant Workers, Government
Service, Day Wage Labourers,
Small Business Owners





OVERVIEW

Misconceptions and trust deficit in the health system

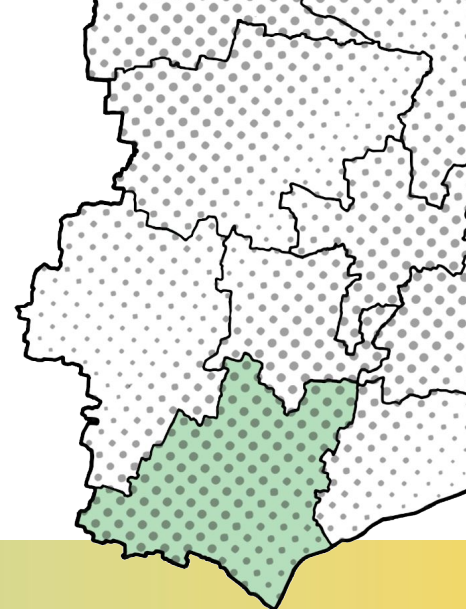
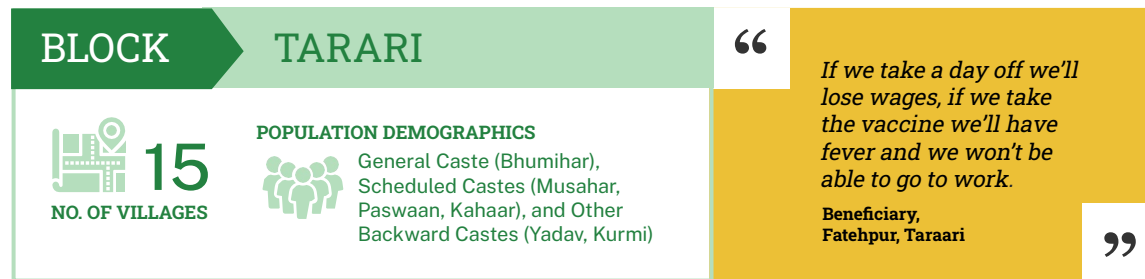
Hesitancy among special beneficiary groups due to fear of side effects led to misconceptions and confusion around vaccines and their efficacy. The spread of false information within educated and economically privileged groups resulted in propagation of myths among some economically vulnerable groups and ethnic minorities. There were regions having low access to health services and health staff having a limited reach within the communities leading to trust deficit in the health system.

Coordination challenges stalling the project operations

The pandemic resulted in overburdening of the health care system, especially with such a large population to cater to with quick turnaround time to curtail the spread. As a result, there were coordination gaps at various levels within Primary Health Centers (PHCs) that stalled the vaccination processes in many areas. Additionally, the lack of availability of Auxiliary Nurse Midwives (ANMs) resulted in longer waiting time at PHCs to get an ANM designated on a microplan. Furthermore, the low retention of Village Mobilization Coordinators (VMCs) led to loss of time for the PCI team even before the vaccination process began.

Lack of connectivity and flood affected geography

Bhojpur is one of the most backward districts of Bihar located at the Uttar Pradesh border next to the districts of Chapra and Arrah. Due to underdeveloped infrastructure there is lack of road connectivity leaving beneficiaries to travel long distances in order to avail health services. Some of the border areas on the banks of Ganges are flood affected, cutting off health services from beneficiaries. The issues of uneven terrain, secluded villages on the banks of river and limited reach of health services like Routine Immunization (RI) made mobilization a tough task for PCI teams.



KEY BARRIERS

Difficult access and lack of public transport

Due to its location on the interstate border and scattered villages at an interval of 2-3 kilometres, the road connectivity within Tarari is extremely poor. For example, Tircha village has broken roads which get submerged during monsoons making it difficult for the health staff to reach beneficiaries. Additionally, due to the Maoist presence, the residents are sensitive to outsider movements and likely to respond aggressively because of which the verifiers and ANMs were skeptical to travel there.

Challenges with VMC recruitment and surveying

There were problems in VMC recruitment which led to delayed line list preparations. Initially, some VMCs were selected but they would take the training and drop out in a few days. Once recruited, VMCs would find it extremely challenging to convince beneficiaries who had already been frustrated with multiple visits by other development partners and government verifiers as part of *Maha Abhiyaan*. Apart from this, VMCs also found it challenging to survey and track out of school 14+ children.

Erratic weather impacting access to healthcare and migrant tracking

Tarari is a flood affected block and has poor road connectivity. The block also touches the Rohtas district but people instead prefer Piro block for health services due to relatively shorter travel distance and time. The constantly changing weather conditions force the economically underprivileged communities to travel to nearby districts for livelihood. This made tracking migrant workers very difficult and often their families would lie about their vaccination status to avoid missing work due to fear of vaccine induced side effects.

KEY STRATEGIES EMPLOYED



Addressing unpredictable availability of migrant beneficiaries by providing mobile sticker to track second dose due date, vaccine type to track dose via this physical and portable reminder.



1

The PCI team in collaboration with the PHC conducting ANM and ASHA trainings - sharing tools and best practices for targeted mobilization developed for VMCs, thus creating systemic impact.



2



3

The PCI team with ANM administering door-to-door vaccinations in a Naxal sensitive area on a hot summer day to avoid late night working hours for community comfort and their safety.

BLOCK

PIRO



NO. OF VILLAGES

POPULATION DEMOGRAPHICS



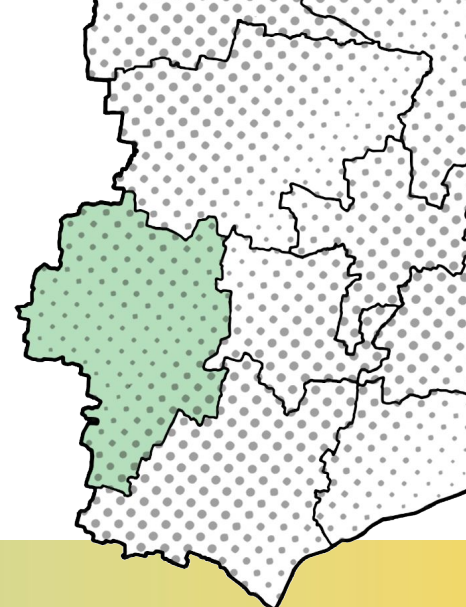
Muslims, General Caste (Bhumihar, Rajput, Gupta), Scheduled Castes (Musahar, Paswaan), Other Backward Castes (Yadav, Kurmi, Kushwaha)

“

Your new born child has died because you took the vaccine, now we we will also avoid it.

**Beneficiary,
Ayar, Piro**

”



KEY BARRIERS

Patchy data connectivity and the ask for certificates

In villages at the far ends of the block along the border areas, verifiers faced patchy data connectivity leading to a lag in uploading beneficiary data on the CoWIN portal. This prompted verifiers to collect beneficiary data offline but beneficiaries gradually became reluctant to this process since they demanded an authentic certificate and eventually posed a condition to only get vaccinated provided they were assured the certificate too.

Misconceptions around vaccine harming the child

With Pregnant Women (PW) and Lactating Mothers (LM), visibility into lived experiences was a major barrier to vaccine uptake. For example, a PW who was counseled and vaccinated by the PCI team lost her baby post delivery. This led to the neighborhood women spreading rumors that the child passed away due to vaccination. As a result, when the PCI team went to this village, they were asked not to enter the village. The team had to wait for a month before the situation calmed down to resume the vaccine activities, thus causing considerable delay.

Fear of backlash from beneficiaries among VMCs

Due to preconceived notions around vaccines, people would associate every side effect occurring due to other underlying conditions as having been caused by the vaccine. In one of the villages, beneficiaries became agitated when a kid fainted post vaccination and were almost about to hit the PCI team. It was later found that the kid had not eaten anything and had some other illness. Instances like these instilled a feeling of fear amongst local VMCs and PCI staff which made their tasks extremely strenuous.

KEY STRATEGIES EMPLOYED



The PCI team counselling LW and PW at a neighbourhood against the fear of getting vaccinated for the fear of side effects on babies post delivery.

1



2



The DIO, MOIC and BHM inspecting a session site in order to closely monitor challenges faced by teams and assert positive messaging amongst beneficiaries in case of side effects.



3

PCI Verifier distributing certificate to an Elder beneficiary post-vaccination at a session site right after vaccination to motivate beneficiaries for vaccination and bolster trust in the team.

BLOCK

JAGDISHPUR



15

NO. OF VILLAGES

POPULATION DEMOGRAPHICS



Muslims, Scheduled Castes (Musahar, Ram), Other Backward Castes (Yadav), General Castes (Bhumihar, Rajputs, Gupta)

“

Covid is dying, it has no effect anyways, it's the vaccine that is making people sick.

Beneficiary,
Ashudhan, Jagdishpur

”

KEY BARRIERS

Spread of false information among the educated

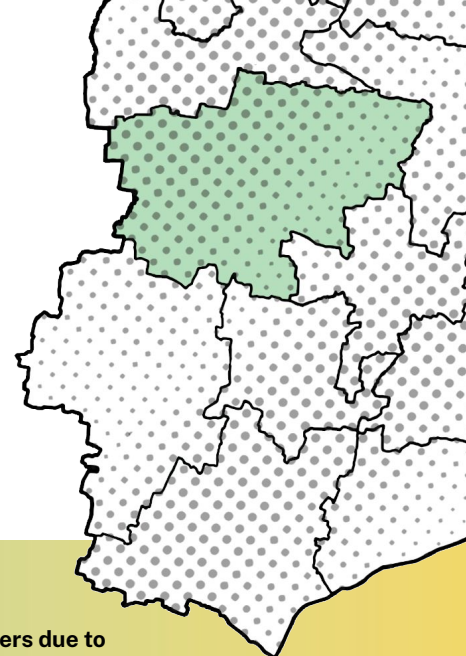
Lack of awareness was a common factor between the educated and uneducated. In fact, those who had some form of education also relied on social media platforms and negatively influenced people with their unverified advice. For instance, in Taura village people from Musahari community were found to be influenced by economically well off and educated people who believed that Covid adversely affects people with heart issues. Due to limited visibility into COVID cases, people feared vaccination and its effects more than COVID-19 itself.

Changing vaccine protocols leading to beneficiary confusion

As per the initial vaccination guidelines, special groups such as Pregnant Women (PW) and Lactating Mothers (LM) were advised not to get vaccinated due to the fear of side effects. While the guidelines changed eventually encouraging PW and LM to get vaccination, the changing protocols had caused enough confusion. There were doubts around vaccine efficacy with concerns if it affect the child's health. This also increased doubts in the information meted by ASHA and ANM as they were the ones to refuse at first. The hesitancy in these groups was difficult to address.

Lack of trust in verifiers due to past experiences

During the Government run *Maha Abhiyan* survey some beneficiaries were cheated by scamsters who in the name of verification asked for Aadhar card details, linked it with the bank account, took OTPs and transferred money to their accounts. These events in the past came in way of the verification process as people were hesitant to share documents with personal details. Many beneficiaries would refuse to share Voter Id, Aadhar Card and also refuse to share contact number as every one shares one device in family; the reason being what if somebody steals money from their bank account.



KEY STRATEGIES EMPLOYED



The VMC giving beneficiaries from Musahari community an overview around the line list updation process, assuring the safe usage of personal information only for vaccination purpose to build authenticity and trust.



1

Special groups such as pregnant and lactating women were updated about the the changing protocols and resulting confusions. They were encouraged by VMCs and Verifiers to get vaccinated without the fear of side effects.

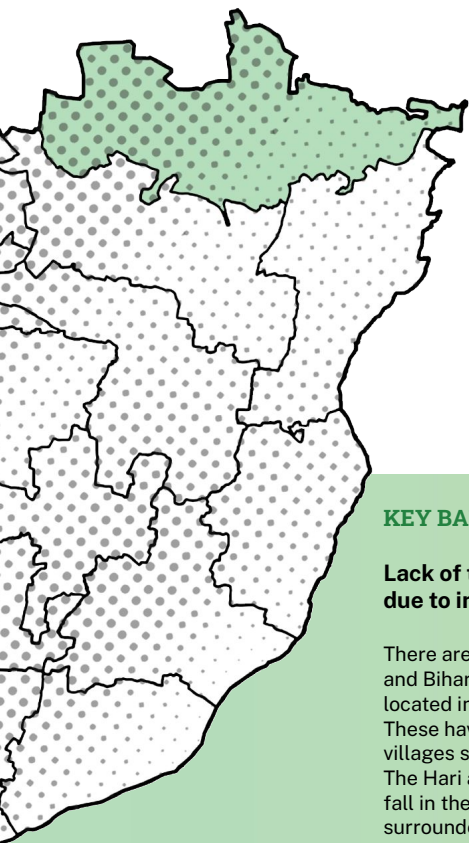


2



3

The VMC counselling mothers from underprivileged background to clarify the rumours and mis-information acquired from media and other unverified sources.



BLOCK

BARAHARA



15

NO. OF VILLAGES

POPULATION DEMOGRAPHICS



Scheduled Castes (Musahar, Beend, Ravidas, Beldaar), Other Backward Castes (Yadav, Kurmi), Muslim Minority

“

This area gets heavily flooded and we go to other side of the state border to avail health services.

**Beneficiary,
Kachahri Tola, Barahara**

”

KEY BARRIERS

Lack of trust in health systems due to inaccessibility

There are flood affected villages on the UP and Bihar border that are geographically located in the middle of river Ganges. These have poor connectivity to roads with villages surrounded by water on all sides. The Hari and Kachari tolas of Khawaaspur fall in the middle of a stretch which is surrounded by water on all sides. Because of these geographical factors the health administrators have a limited reach in the area making trust building with the communities quite difficult.

Limited visibility and awareness of local health services

There was limited access to health services at border areas prompting beneficiaries to visit neighbouring districts of Chhapra and Balia to avail health services. As a result, beneficiaries were not familiar with the health staff availability locally and due to these underlying factors there was a very low awareness about Routine Immunization (RI) and Covid vaccination. PCI teams had to face both accessibility and awareness challenges.

Uncertainty around ANM availability at PHC

Due to ANMs burdened with responsibilities at the PHC, it was difficult to ascertain their availability on the session site. ANMs would be available only after one or two days of waiting after completing their shifts at the PHC. This kept the preparation for the session sites on hold and made the planning process to organize vaccination camps quite strenuous.

KEY STRATEGIES EMPLOYED



The PCI teams going extra mile to reach out areas with limited health access to build trust and put up vaccination sessions at remote locations with minimal resources.

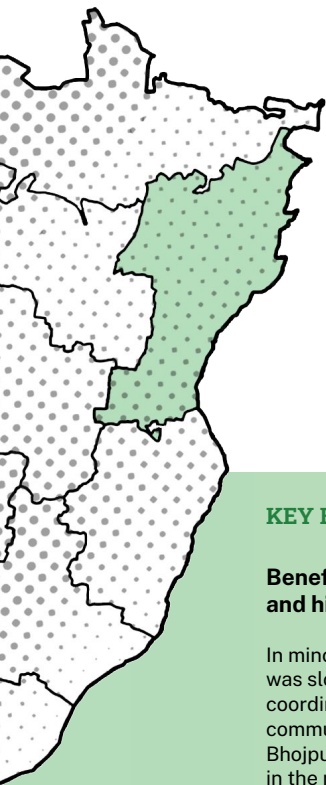


1



Counselling with Ethnic and Minority communities to spread awareness around Routine Immunization (RI), and Covid vaccination and allay their doubts related to their side-effects.

2



BLOCK

KOILWAR



NO. OF VILLAGES

POPULATION DEMOGRAPHICS



Hindu Scheduled Castes (Musahar, Ravidas, Paswaan), Other Backward Classes (Koeri, Yadav) and General Caste (Rajputs, Bhumihar, Brahmins)

“

Earlier the government told us pregnant and lactating women to avoid vaccines, now they are asking us to take it. Whom should we believe?
Beneficiary, Khangaon, Koilwar

”

KEY BARRIERS

Beneficiary tracking challenges and hidden refusal

In minority dominant hamlets the vaccination was slowed down due to availability and coordination issues. Most beneficiaries in the community work as laborers at urban centers of Bhojpur or brick kilns, heading out to work early in the morning. They usually return at around 5 pm; but even when the PCI team would try to accommodate as per the availability of beneficiaries, issues such as lack of interest in vaccination, giving a time for slot but denying it later and alcoholism in evening hours made work challenging for the field team.

Fear based hesitancies due to misinformation

There were hesitancies among PW, Chronically Ill (CI) and the Elderly (EL) groups due to perceived fear of side effects on child development, worsening of pre existing medical conditions and fear of losing life respectively, all of which needed persistent counseling. PCI team's counselling of suggesting to be in touch with the doctors post vaccination in case of any side effects or harm on child did not yield much response. Additionally due to PHC staff being a trusted source, there was resistance to PCI counselling as the new faces.

Inability to track 12-14 year old beneficiary group

For 15-17 Yr old groups 90% saturation has already been achieved through government vaccination attempts and with the support of partner agencies, but for 12-14 year old groups only two sessions were held as of June 22. Due to rapidly evolving guidelines, the PCI team relied on PHC for survey data for the 12-14 year old age group. However, the delay with survey for the Koilwar block led to temporary pause in vaccination efforts for this age group.

KEY STRATEGIES EMPLOYED



The PCI team interacting with beneficiaries from special groups like the elderly, chronically ill, pregnant and lactating women, to listen to their concerns and address fears related to vaccination.

1



2



The VMC and Verifier reaching out to guardians of 12-14 years olds to counsel them to get their children vaccinated, locate out-of-school children and coordinate their availability at home for vaccination.



3

The BC interacting with beneficiaries at minority dominant hamlets in early hours of the day to raise awareness and understand reasons for lack of interest in vaccination process.



CASE STORY



Vaccinating children between 12-14 years of age at a session site in Khangaon village of Koilwar block, Bhojpur; the first out-of-school session site of the block, organized by the RECOVER Bihar team.

Situated on the Son riverbank, Khangaon is a small village in Koilwar block of Bhojpur. With a population of around 4200, Khangaon is a home to communities such as Brahmins, Rajputs and Bhumihaar; scheduled castes such as Dusad, Chamar, Pasi and Other Backward Castes such as Yadav, Mallah, Koiri. As two of the four village wards are on the river bank, most of the people move to higher altitude and shift homes during the floods.

The field team began the work by recruiting two Village Mobilization Coordinators (VMCs) serving as a link between the village residents and the Project Concern International (PCI) Bhojpur team. With the help of verifiers - also recruited under the project, the VMCs began their work with surveys. They went door-to-door and identified those due for vaccination doses, which included line listing of 18+ and 15-18 age groups.

During the line listing process, the village mobilization teams categorized due beneficiaries as per their special groups namely, Pregnant Women, Lactating Mothers, Chronically Ill, Elderly, and Migrant population. In cases of refusal, the team noted the reason for refusal, and tried to address it. The VMCs tried to counsel hesitant groups based on the guide created for them. They also showed relevant videos that addressed stakeholder specific fears and misconceptions by scanning the QR code on the guide.

One of the successful strategies adopted to break refusals was leveraging community influencers. One such champion is Shiv Bachan Singh, a farmer and a voluntary priest revered by the village residents, was approached by the PCI team.



Our champion, Shiv Bachan Singh helping out during the session site to distribute masks.



Mobile stickers distributed to help migrant workers track the 2nd dose date and vaccination type.

As his daughter was a VMC, Shivji wanted to make sure his community is safe from COVID-19, and therefore, he supported in mobilizing people and organizing vaccination camps.

A total of four session sites were organized in Khangaon. To ensure each due beneficiary can access vaccination, each of the four sessions was organized in four wards. A day before the session date - all the due beneficiaries were given mobilization tokens and educated about the vaccination process with advisory on preparedness to ensure minimal side effects.

At the session sites, the beneficiaries came with their tokens and received vaccination only after the Auxiliary Nurse Midwife (ANM) was assured that the individual had eaten. The Primary Health Center (PHC) team of Koilwar Block offered their support by assigning ANMs to administer vaccination. The first half of the day under each session was dedicated to on-site vaccination while in the second half the VMC led team of an ANM and verifier administered house-to-house vaccination. Each beneficiary received certificate post vaccination.

At the end of four site sessions, from the 18+ age group, out of the 76 due for the first dose, 71 were vaccinated, and out of 108 due for the second dose, 73 were vaccinated. Between the age group of 15-18, out of 32 due for the first dose, 14 were vaccinated; and out of 57 due for the second dose, 37 were vaccinated.

Besides vaccinating 15+ age groups, the session site in Khangaon was also the first vaccination camp for 12-14 age group children outside of school in the Koilwar block, which was a big achievement for the team.



We appreciate the commendable efforts of Sanjay Tarun (District Coordinator), Raushan Kumar (Block Coordinator), Surendra Kumar Pandey (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

ASHA

Accredited Social Health Activist

ANM

Auxiliary Nurse Midwife

AVD

Alternate Vaccine Delivery

AEFI

Adverse Event Following Immunization

BC

Block Coordinator

DIO

District Immunization Officer

DC

District Coordinator

FLW

Front Line Worker

PHC

Primary Health Centre

RI

Routine Immunization

VMC

Village Mobilization Coordinator