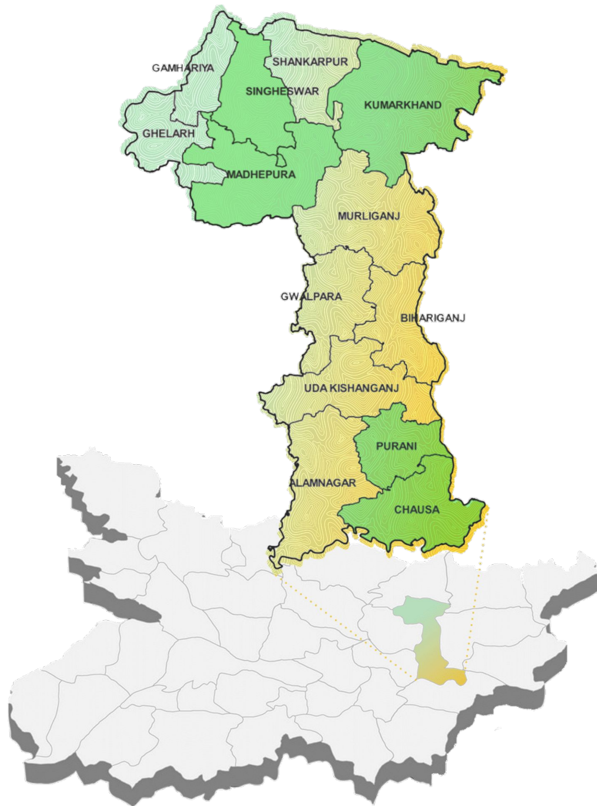
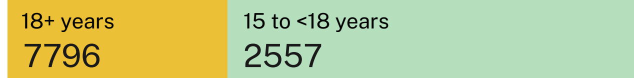
Madhepura



TOTAL VACCINATED under RECOVER Bihar

DOSE 1

Total Targeted **8474** Total Vaccinated **10353**



18+ years	15 to <18 years
7796	2557

DOSE 2

Total Targeted **20911** Total Vaccinated **20049**

18+ years	15 to <18 years
17890	2159

NO. OF BLOCKS **5**

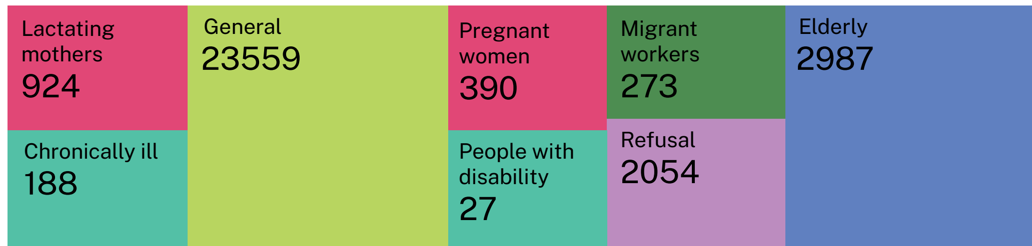
NO. OF VILLAGES **77**

POPULATION DEMOGRAPHICS

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

Common Occupations
Migrant Workers, Day Wage Labourers, Small Business Owners

SPECIAL GROUPS VACCINATED



Group	Number
Lactating mothers	924
Chronically ill	188
General	23559
Pregnant women	390
People with disability	27
Migrant workers	273
Refusal	2054
Elderly	2987

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PCI A Global Communities Partner

विहारा VIHARA INNOVATION NETWORK

OVERVIEW

Limited resources and underdevelopment

Madhepura is an underdeveloped area inhabited by mostly backward communities. There is dearth of employment, and avenues for education are also far and a few. Many Village Mobilization Coordinators (VMCs) are still young, hence go near city centres for tuitions and competitive exam coaching. There were many Verifiers who belonged to marginal families and did not have resources like laptops. The lack of resources and inability to devote focused time led to dropouts, which continued till February 22.

Spread of misinformation and myths

In Muslim dominant areas with lack of awareness, the spread of misinformation and belief in myths perpetuated hidden refusals. Misinformation that vaccine is adulterated was prevalent across the district, which also hindered parents to get their children vaccinated. This also impacted VMC recruitment, making it very challenging for the PCI team.

Spread of hesitancy and fear amongst cadres

Hesitancy amongst cadres like Sevika and Auxiliary Nurse Midwife (ANM), in addition to beneficiaries, was prevalent in Madhepura. Doubts around shift in menstrual cycles and impact on fertility as a result of vaccination spread. Furthermore, Sevikas were also anxious about the consequences of mistakes while administering vaccine.

BLOCK MADHEPURA SADAR (Murho)

16

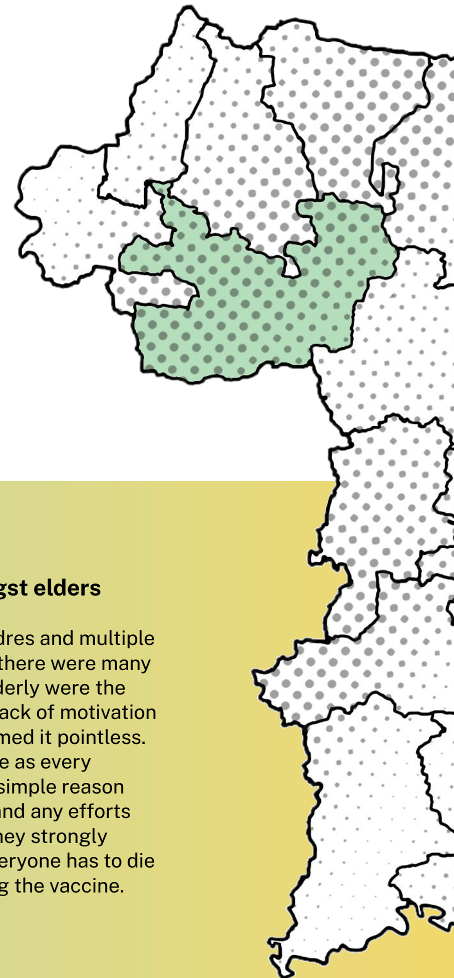
NO. OF VILLAGES

POPULATION DEMOGRAPHICS

Muslims, a few Scheduled Castes, Other Backward Classes (Musahar, Manjhi) and Hindu Scheduled Tribes (Santhal)

“ *What will vaccine do? Our lives are short and we have to leave this world any time soon.* ”

Beneficiary, Madanpur, Murho



KEY BARRIERS

Belief in myths and perception

Many beneficiaries resisted vaccination, as they had preconceived notions about the vaccine and front line workers (FLWs). Even direct counselling resulted in minimal conversions, and teams had to make repeated requests. This made beneficiaries further believe that cadres were doing this under pressure from authorities.

High migrancy and seasonal factors

Many at Murho don't own lands and instead migrate to nearby districts for employment. The elders at these households would quote inability to confirm their vaccination status. Several migrant workers (working as carpenters, labourers and contract workers during wedding seasons) and brick kiln workers would often delay vaccination, citing tiredness or weakness upon return, which made vaccination coverage extremely slow.

Lack of motivation amongst elders

After intense efforts from cadres and multiple home visits by the PCI team, there were many conversions. However, the elderly were the hardest to break. There was lack of motivation amongst them, and they deemed it pointless. They were difficult to mobilize as every request was struck with one simple reason that they have lived enough and any efforts for better health are futile. They strongly believed in the notion that everyone has to die someday, so no point in taking the vaccine.

KEY STRATEGIES EMPLOYED

PCI team verifying and updating line list at a remote working site to ensure minimal efforts for beneficiaries to earn their daily wages.

1

Program Officer Health & Nutrition (POHN) volunteering to get vaccinated at a session site to build trust within the community and shift perceptions around vaccination.

2

3

PCI team converting hard refusal elderly after seeking due support of vaccinated family members to substantiate the argument that vaccination is a safe process.

BLOCK SINGHESWAR

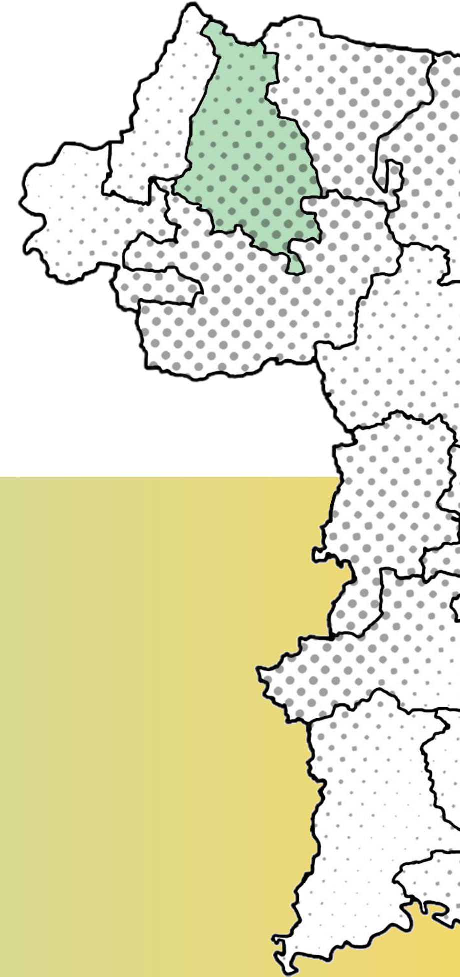
15

NO. OF VILLAGES

POPULATION DEMOGRAPHICS

Hindu General Caste (Bhumihar), Scheduled Castes (Mandal, Musahar), and Other Backward Castes (Yadav, Baniya)

> *I have heard these people take out money using Aadhar Card details, so can't trust anybody.*
>
> **Beneficiary, Gauripur, Singheswar**



KEY BARRIERS

Widespread rumours and distrust in cadres

Verifiers had to face refusals from beneficiaries due to a widespread rumour that vaccination teams would siphon off money from beneficiaries' linked bank accounts through the Aadhar Card details. This led to several delays in line listing and due list preparation. There was also an allegation that teams were taking money to vaccinate despite free vaccination drives by the government.

Hesitancy among daily wagers

Due to lack of jobs and low literacy among beneficiaries, many go for remote daily wage based employment or work in fields as contract labourers to support their livelihoods. As a result, they were concerned about losing wages, in case of illness post-vaccination. They more all the more hesitant because of lack of any structural support to compensate for additional expenses if illness persists or aggravates.

KEY STRATEGIES EMPLOYED

PCI team conducting home visits for due beneficiaries in the evenings, as per their work schedule, to ensure they don't lose on their wages.

1

2

PCI team updating line listing and strategizing human centred solutions to address refusals amongst special categories like pregnant and lactating mothers and elders.

BLOCK KUMARKHAND

14

NO. OF VILLAGES

POPULATION DEMOGRAPHICS

Muslims, a few Scheduled Castes (Dalit, Mahadalit), Other Backward Castes (Yadav)

> *Why should I share my Aadhar if I am already vaccinated? Please check your records and don't come again.*
>
> **Beneficiary, Lakshmipur, Kumarkhand**

KEY BARRIERS

VMC retention and delayed due lists preparation

There were issues in VMC appointment in Muslim Minority dominant areas with low literacy and awareness. The VMCs feared pushback from the communities, which later resulted in delayed due list preparation. In case someone volunteered, the families wouldn't allow them as they felt similar fears of being outcasted from the community.

Resisting verification

Verifiers could not cross verify and update line listing as they were ignored by the beneficiaries who refused to share Aadhar giving reasons that they have already gotten vaccinated and didn't need any intervention. Such beneficiaries made verification a challenging process. The local ASHA's (Accredited Social Health Activist) support was also sought, but quite often this also turned futile.

Hard-to-reach area and unpredictable availability

Kumarkhand is on the Kosi belt and is prone to floods. Some villages such as Lakshmipur and Bhagwatipur are at a far off distance from the Primary Health Centre (PHC), ranging up to a distance of 35 kms. This made commute duration longer and session duration highly constrained. Another challenge that the PCI team faced was last-minute unavailability of beneficiaries at home. This required them to additionally sprint to beneficiaries' fields, workplaces or any area of their availability in the vicinity.

KEY STRATEGIES EMPLOYED

1

Alternate Vaccine Delivery (AVD) arranged by PCI to reach hard-to-reach areas to vaccinate due beneficiaries as per their availability, ensuring minimal effort for them.

2

Post vaccination home visits by VMCs to personally deliver vaccination certificates and enquire about beneficiary well being.

3

VMCs leveraging the influence of local ASHAs to conduct verification while addressing their concerns by showing special category videos on their phone.

BLOCK CHAUSA

16

NO. OF VILLAGES

POPULATION DEMOGRAPHICS

Primarily Muslims, Other Backward Castes (Yadav, Musahar), and General Castes (Baniya)

> *I take medicines to control my blood pressure. Where will I go if I get fever and cough in the middle of the night?*
>
> **Beneficiary, Laulagan, East Chausa**

KEY BARRIERS

Misinformation and fear of side-effects

Chausa is Muslim Minority dominant where spread of fear amongst the beneficiaries was prevalent due to lack of awareness and exposure. Many believed that taking the vaccine would increase the risk of heart diseases. Some comorbid cases who were already undergoing heart treatment were hesitant since they perceived vaccination to increase their risk, and may lead to a health emergency. Furthermore, they were concerned about immediate medical support in case of an emergency at night.

Hesitancy amongst women of various categories

Due to low literacy level and exposure, there was hesitancy amongst women across categories. This required repeated counselling visits by PCI team to ensure all their concerns were taken care, but despite these efforts many refused vaccination. Parents of unmarried women had concerns related to side-effects such as infertility and/or harm to the child amongst pregnant women.

Far off areas & constrained session hours

Some villages of Chausa are at a large distance from the PHCs. Due to lack of proper public transport, it takes a long time to reach there. For instance, Phulaut village is very far and unsafe for women to return late evenings. As a result, sessions had time constraints and the PCI team was asked for assurances and means of transport by ANMs, in case of delays beyond 5pm.

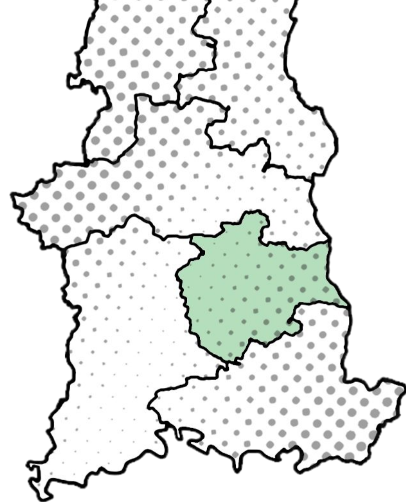
KEY STRATEGIES EMPLOYED

Discussion with the community influencers (Muslim Minority community elders) to address spread of misinformation, and seeking mobilization support.

1

2

ANMs vaccinating female beneficiaries in the presence of other women to build comfort and trust related to general hesitancy against vaccine.



BLOCK PURAINI

16

NO. OF VILLAGES

POPULATION DEMOGRAPHICS

Primarily Muslim (Sheikh, Ansari), Other Backward Caste (Yadav, Mandal, Kumhar, Musahar)

“*Vaccine causes miscarriage. What if anything happens to the child? Who will bear the risk and treatment?*

Beneficiary, Kherho, Puraini”

KEY BARRIERS

Lack of confidence and fear of side effects

Many Muslim Minorities needed assurances and sought guarantee of wellbeing post-vaccination. They always questioned because of their doubts around health. This made it challenging for the PCI team to mobilize them. Additionally, the team also feared confrontation by beneficiaries, in case anything happened.

Vaccination challenges of younger groups

Vaccinating children below 18 years had its own coordination challenges. For example, children were difficult to find at a given time together at one place. This was pertinent especially in case of Covaxin follow-ups, where it was challenging with even five to six due cases. The PCI team needed additional support from parents and teachers to collect children at one place. This was crucial due to the risk of vaccine wastage after opening vials and its storage for longer periods because of rising temperatures in summers.

Catching up with recurring refusals

In certain villages like Bagahra and Kherho, there was a very small proportion of population left to cover for complete saturation. Due beneficiaries included chronically ill, elderly and pregnant women. However, despite all efforts of the PCI team, they continued to be reluctant, citing fear of side-effects or discomfort with the vaccine itself. These population groups were the most challenging amongst all the categories, acting as a huge bottleneck in attaining 100% saturation in such villages.

KEY STRATEGIES EMPLOYED

1

Session sites organized by PCI for under 18 age groups, with special guidance from the District Coordinator (DC) to ensure safety and supervision of young beneficiaries.

2

Home visit by PCI team to vaccinate hard to break refusals post counseling and distribute coupons.

3

Vaccination of the eldest member in the presence of the family to reassure vaccine safety, and leveraging his experience to convert other family members.

CASE STORY

Vaccination certificate being presented to the beneficiary at the Anganwadi Centre post-vaccination by the PCI team.

As part of government's attempts to vaccinate people at Chausa block, cadres from Chausa hospital like Sevika, ASHA workers and ANMs started visiting villages. Multiple visits were made across the duration of two years since the outbreak of COVID-19. Faced with the spread of misinformation and fear of side-effects, these efforts often yielded refusals from beneficiaries. Misinformation regarding fear of side-effects prevented many from taking vaccination, despite multiple visits and counselling from doctors to follow up, in case of any symptoms post-vaccination.

One of such cases is of 24-year-old beneficiary, Nusrat Khatun, who is a resident of gram panchayat Arajpur Purvi tola, Sonwarsha, Ward - 3. She dropped out of school in Class - 8 and was married soon after. Her husband is a farmer, and she is now a mother to two young children. When doctors from Chausa block Community Health Centre (CHC) visited her for vaccination, she refused with the reason that she has high blood pressure issues, and can't risk taking the vaccine as she has two young children to take care of. She was afraid as she heard neighbours discussing that those who have heart related or blood pressure issues should avoid vaccination, and those who risked taking the vaccine despite these issues passed away soon afterwards.

After receiving counselling from Sevika and ANM, her husband took the first dose of vaccine, and later went to the nearest Anganwadi Centre (AWC) to take the second dose where PCI representatives were also present.

When the PCI team enquired about the rest of the family members' vaccination status, he mentioned that his wife chose to decline the vaccination due to blood pressure issues. Sevika who was present at the AWC at the time also briefed the PCI team about her refusal despite multiple visits. After hearing this, the couple was invited by the Block Coordinator (BC) personally.

In this case, her husband went back and asked Nura to visit the session next time, but she still persistently refused. Finally, her husband asked her to share all her concerns at the AWC session next time. When the couple visited the session, Nura initially resisted. However, the VMC then mobilized her by giving different examples of various difficult cases who are absolutely fit after vaccination. The BC personally counselled her and explained that she should first let go of all her fears and think about the vaccine pragmatically. She was advised that she should take it only if she finds herself comfortable.

Finally after persistent follow-ups by Sevika as part of Government vaccination drive, VMC employing a human centric and empathy-driven approach of first understanding her concerns and then focussed counselling by BC at AWC, Nura Khatun finally agreed and was duly vaccinated. She thanked the VMC, ANM and Sevika for motivating her and addressing all her fears and concerns.

We appreciate the commendable efforts of Anand Kumar (District Coordinator), Krishna Mohan Mishra (Block Coordinator), Narayan Datt (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

ASHA
Accredited Social Health Activist

ANM
Auxiliary Nurse Midwife

AVD
Alternate Vaccine Delivery

AWC
Anganwadi Centre

BC
Block Coordinator

BHM
Block Health Manager

CHC
Community Health Centre

DC
District Coordinator

POHN
Program Officer Health & Nutrition

PHC
Primary Health Centre

VMC
Village Mobilization Coordinator