बिहार सरकार

PCI A Global Communities Partner

> A small body of determined spirits fired by an unquenchable faith in their mission can alter the course...
>
> Mahatma Gandhi

Bridge Over Troubled Waters

reach each

REACHING THE UNREACHED

A PCI India program, supported by Give India Foundation

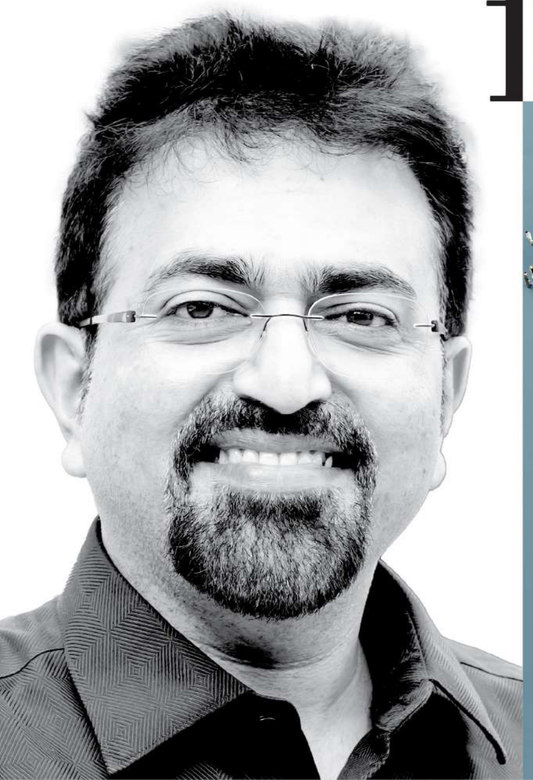
The Reach project is a PCI India initiative set up to facilitate the administering of COVID-19 vaccines in remote and difficult to reach regions of Bihar, to communities and individuals who were 'unreached' by the large sweep of the COVID-19 immunisation drive due to reasons that range from social-economic, geo-cultural, personal health & misinformation. The project wouldn't have been possible without support from:

GIVE India | State Health Society | Bihar Government

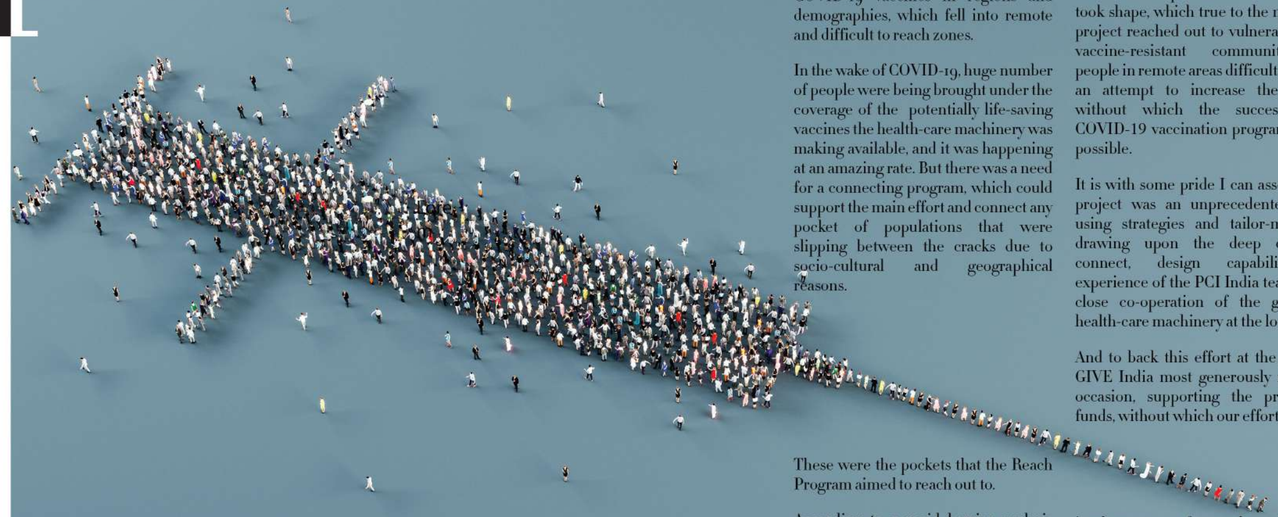
reach

PCI A Global Communities Partner

स्वास्थ्य विभाग
बिहार सरकार



foreword



INDRAJIT CHAUDHURI

Country Director & CEO, PCI India

It gives me great pleasure to present this chronicle of the extraordinary efforts made in the state of Bihar by PCI India's Project Reach Team, which worked in conjunction with various on-ground government functionaries to facilitate the delivery and administering of COVID-19 vaccines in regions and demographies, which fell into remote and difficult to reach zones.

In the wake of COVID-19, huge number of people were being brought under the coverage of the potentially life-saving vaccines the health-care machinery was making available, and it was happening at an amazing rate. But there was a need for a connecting program, which could support the main effort and connect any pocket of populations that were slipping between the cracks due to socio-cultural and geographical reasons.

These were the pockets that the Reach Program aimed to reach out to.

According to a rapid barrier analysis conducted during the period of March'21 to April'21, in Bihar, India, by PCI India, it was found that 38.5% of the eligible population were not too keen on the COVID-19 vaccination programme and 17.4% showed clear reluctance. These clearly threw to the fore two distinct set of challenges in the COVID-19 vaccination coverage in Bihar: one that of demand-supply gap, and the second were the barriers to equitable vaccination.

It was in this space that the Reach project took shape, which true to the name of the project reached out to vulnerable groups, vaccine-resistant communities, and people in remote areas difficult to reach, in an attempt to increase the coverage, without which the success of any COVID-19 vaccination programme is not possible.

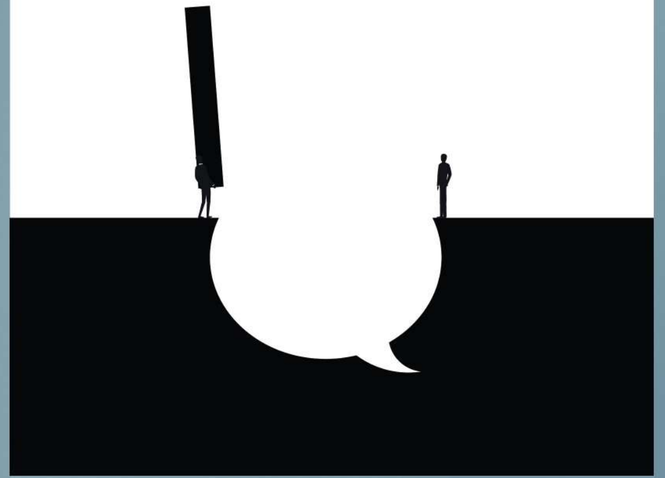
It is with some pride I can assert that the project was an unprecedented success, using strategies and tailor-made tools, drawing upon the deep community connect, design capabilities and experience of the PCI India team, and the close co-operation of the government health-care machinery at the local level.

And to back this effort at the grassroots, GIVE India most generously rose to the occasion, supporting the project with funds, without which our effort to implement focussed COVID-19 vaccination activities in poor coverage districts of Bihar would have gone in vain.

I thank and congratulate the team that made it possible, and dedicate this chronicle of human connect and reach to them.

"Let's build bridges...

Martin Luther King Jr.



gravity

The criticality of the problem.

The long shadow of COVID-19 was continuing to threaten the country in general, and Bihar in particular, owing to its very huge migrant population, which as each wave hit the ground, began a reverse migration home-ward, seeking the comfort of familiar community and family support.

Simultaneous to this reverse-migration were government COVID-19 vaccination schemes, which were being run across the state of Bihar, with the aim of trying and achieving as high a vaccination coverage as was possible.

But here lay a major challenge.

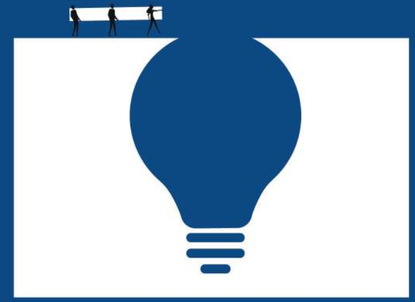
While the on-ground schemes were forging ahead at extraordinary pace and covering vast populations, it – like any such mass-vaccination scheme – was leaving behind pockets of unvaccinated people, who fell through the cracks, owing to various factors that range from socio-economic-cultural to serious health conditions and misinformation-led reluctance.

These unvaccinated pockets posed a sustained danger of being affected by COVID-19, as well as becoming carriers to other parts.

It is in this context of criticality that PCI India stepped in to focus on this 'unreached population'.

> "We should not give up and we should not allow the problem to defeat us.
>
> A. P. J. Abdul Kalam

> "PCI India has a great deal of experience of working at the grassroots in these regions. We were confident that we have the necessary ground learnings, the people who knew the region well, and a certain degree of community connect, without which one cannot even think of taking on such an endeavour.
>
> So, when we were given the district of Muzaffarpur to run the project Reach, we were well up to the task despite the fact that it is one of the most poorly COVID-19 vaccination coverage districts. And we began working closely with State Health Society, Bihar.
>
> As we began planning, we kept our focus on what we called the 'unreached', pregnant women, lactating mothers, physically challenged, elderly, chronically ill and communities in remote areas.



DR NAROTTAM PRADHAN

Chief of Party, PCI India, Bihar

Barriers

The barriers that had to be surmounted were considerable.

The challenges the team faced operated at two distinct levels. First, it was imperative to have a detailed understanding of who the 'unreached' were, how large were the fissures through which these groups of people were falling through, and how were they distributed – geographically in the district of Muzaffarpur.

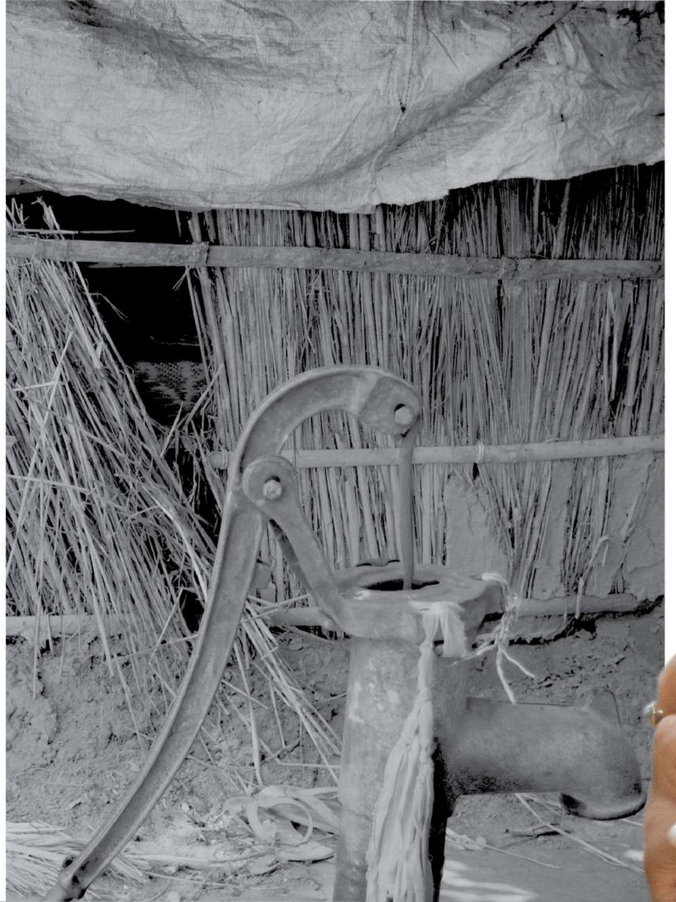
Secondly, to plan and facilitate the actual administering of COVID-19 vaccines, it was first important to know what the 'hurdles to vaccination' were from the very last person.

Only on resolving these two challenges, could a feasible plan be drawn out and execution begun.

The execution phase, as the Reach team were to discover, would throw up its own set of barriers – which ranged from logistical challenges, co-ordination challenges and the simple act of reaching the locations that traversed some of the remotest locales of the state.

What one was to also to discover was that the challenges at the 'second level' were not always of material nature. Misinformation regarding the vaccine and the vaccination programme was common in the hinterland, myths about COVID-19 itself and the vaccine were rife, besides an astonishing grapevine of supposed side-effects post-vaccination.

So, when the Reach team buckled up to conceptualise a strategy and an execution plan they needed to bring in all their experience of the land and the people.



We said - give us the areas where the gap in COVID-19 vaccination was the largest and let us come back with a plan, and then with results!

And we landed the district of Muzaffarpur.

When we were setting up the team, the team configuration ensured that it was a team set up for success because these were people seasoned to work in the hinterland. The whole team, including me and Dr Pradhan have years of experience of navigating these troubled waters.

We knew exactly what the logistical challenges were likely to be. We had seen first-hand the terrain, the living conditions and were aware of the general way of living.

But what we encountered still took us by surprise on occasions. For example, we discovered whole communities that believed taking the vaccine would affect their virility. We got to know of rumours that the vaccine was harmful for lactating mothers – an extremely vulnerable group.

These needed us to plan for far more than just getting the vaccine to the people. It needed us to even get the people to the vaccine, willing to take it. So, a whole leg of counter-promotions had to be worked into our approach, which would have to take an intensive door-to-door route.

It was an uphill task, but we're proud to say we were up to it. Every last person of the team.

> These needed us to plan for far more than just getting the vaccine to the people.

DR RAKESH JHA

State Lead-Health & Nutrition, PCI, Bihar

Conceptualising

Reach was conceptualised and planned from a bottom-up approach.

The district in focus was Muzaffarpur, one of the lowest COVID-19 coverage districts.

To begin with, five blocks within the district were identified; these were blocks with very low coverage of even the very first dose of COVID-19 vaccine, blocks with high number of 'refusals' (refusals refer to people who did not wish to be vaccinated at all), and blocks which were at a significant distance from where the block Head Quarters were located.

Once the framing of the project areas was accomplished, there was need to go down to a granular level and enumerate villages based on indicators that the team felt best represented the 'unreached'.

These were villages with high population, as that would help create an impact; villages with minority communities and 'mahadalit' population, as these are marginalised communities and subalterns and most likely to fall between the cracks; villages that are at a distance from PHC (primary health centres), as these are remotest, and the people are most likely to not turn up for receiving vaccines; and villages where most number of people have been actively resistant to COVID-19 inoculation.

In line with these activities, creation of a multi-department task force, formulation of special vaccination teams that also provision for 'verifiers' and ANMs (Auxillary Nursing Midwife), last mile microplanning and most significantly line listing of eligible groups was made a part of the plan.

Contact teams trained to bridge the gap

"We paid special attention to training of VMCs (Village Mobilisation Coordinator) and Verifiers. These were the people who would have to bear the responsibility of motivating the populace out of their 'refusal status', using education tools that were being designed for the purpose.

"If we can really understand the problem, the answer will come out of it, because the answer is not separate from the problem.

Jiddu Krishnamurti

“One finger cannot lift a pebble.

Hopi proverb

Partners

The people and the organisations that formed the bulwark of Reach project.

Projects at the grassroots level cannot be run without working closely with existing structures, preferably government functionaries and machinery, which has both the infrastructure and the ‘spread’.

The Reach project and PCI India was fortunate to have the support of all such essential parties.

The funding support of the project came from GIVE India. On the other hand, co-ordination and support of all the government health machinery on the ground was imperative, as PCI India played the role of a catalyst – the actual inoculation still needed to be carried out by working project Reach into existing government programmes.

For this, Project Reach mobilised available government resources, including the use of vaccinator teams and vaccines provided by the Health Department. Besides, Reach engaged with ASHA frontline workers, and set up special teams for mobilising the people, and teams for booth management. The Bihar government, and the Health department were extremely forthcoming in supporting the project, and functionaries like the DIO, ANM, MOIC, CS and the large team of ASHA workers who cover the last mile, were invaluable to the success of the project.

The best thing about this project was the way the team raised awareness - mobilised people. We supported them wherever we were needed. To give you an idea of the success achieved, today the vaccination in our block is 104%! What it means is that even people from adjacent Motihari and Gopalganj came to get vaccinated.

People go and buy salt from the market, but when it comes to vaccination - till you actually go and give it at their doorstep, they won’t take it. We needed someone to raise awareness. To survey. And to help arrange where the vaccination will be administered.

DR AJAY KUMAR PANDEY

DIO (District Immunisation Officer)

DR SUMIT SANSKAR

MOIC (Medical Officer In-charge)

First of all, our vaccination project had a lot of refusal cases. PCI India support helped us convert these cases. The people were scared - and often - this fear was specific to communities - in the remotest of locales.

Before PCI India set up this project in our region, we were doing our normal routine - and we were trying - but PCI India came with a specific plan, which really helped facilitate the vaccination.

It was the process PCI India brought to the table, planning, execution, data, that helped get the job done. And the success has been considerable - just to give you an idea, earlier the coverage was around 67% in Dec 2021, and today it is 90%.

give INDIA

स्वास्थ्य विभाग
बिहार सरकार

identifying
the unreached

To frame the large geographies first, and then to know the last person who needed to be brought under the COVID-19 vaccine coverage.

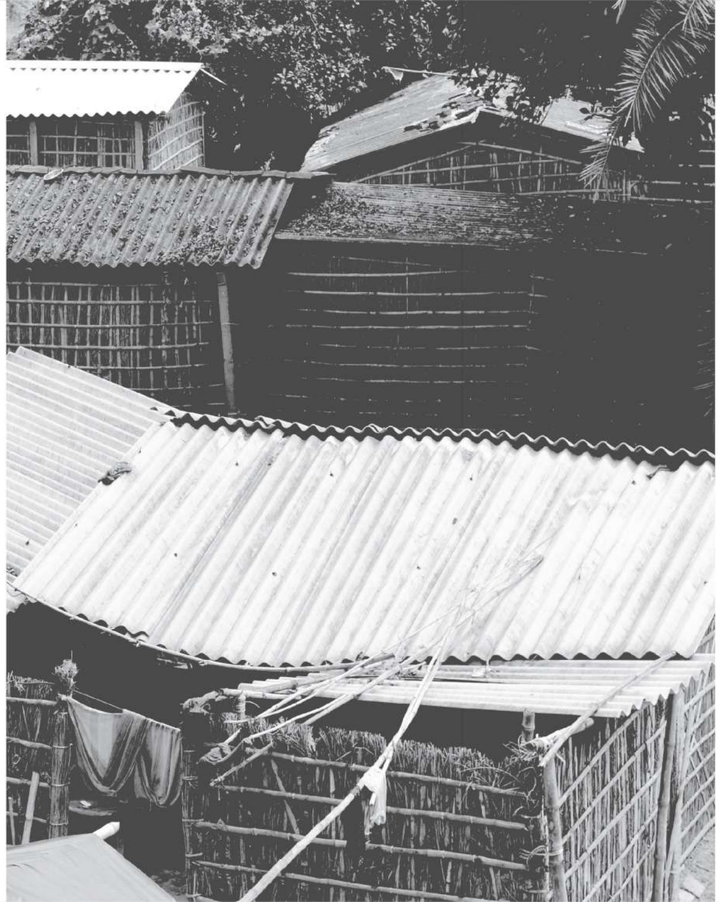
The intervention areas where project Reach would need to be carried out were decided after detailed interactions and with the collective wisdom of PCI India team and project partners. At the state level, intensive engagement with SIO (State Immunisation Officer) and State Immunisation Teams, led to the decision of Muzaffarpur District as the area that Project reach would need to target.

Further interactions at District level with CS (Civil surgeon), DIO (District Immunisation Officer), District Immunisation team and Immunisation Partners helped narrow down the geographies for the project to 5 blocks with lowest vaccine coverage in the district, namely: Kati, Saraya, Gayghat, Aurai & Motipur.

These were then taken to the planning board in rigorous sessions with block level teams including MOIC (Medical Officer In-charge), Block PHC staff and partner representatives, which finally led to identifying of 15 villages in each block, and 75 villages in all that had least coverage.

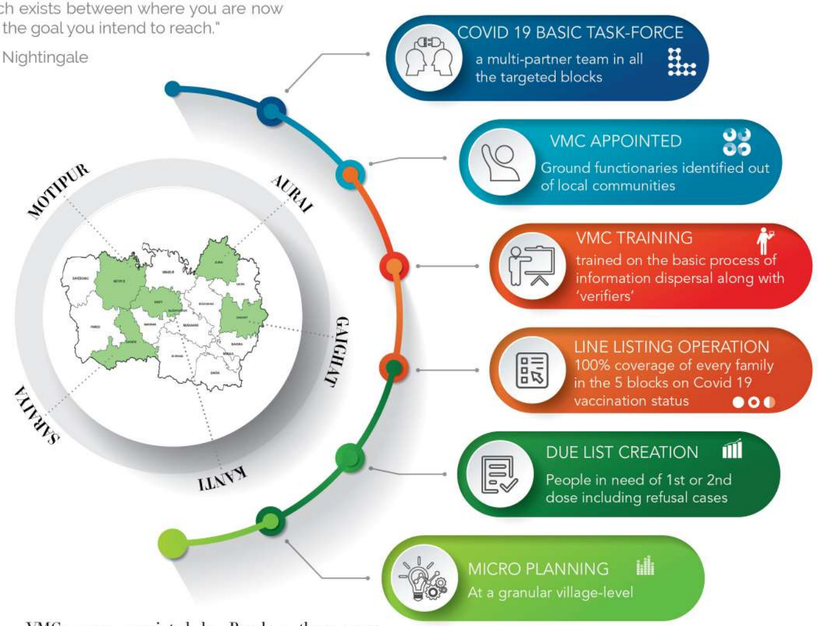
The 'least coverage' zones were decided keeping key indicators in mind, the data for which was triangulated from CoWin data, Mahasurvey data & administrative records. And it was ensured that the zones chosen were border areas, riverine areas, other difficult to access areas, and areas populated by minorities.

Before the on-ground administering of the vaccine could begin, there was also a need to identify the specific people, to the last man and woman, who needed the attention of the project. And this process began with the formation of a Taskforce which was a multi-partner team in all the targeted blocks.



"Your problem is to bridge the gap which exists between where you are now and the goal you intend to reach."

Earl Nightingale



VMCs were appointed by Reach - these were important ground functionaries identified out of the communities that needed to be addressed. They were trained on the basic process of information dispersal along with 'verifiers', who would provide support function of issuing certificates and inputting data.

And then the critical 'line listing' activity kicked-in, which entailed a 100% information collection from every family in the 5 blocks on the COVID-19 vaccination status. This was a mammoth task and was accomplished efficiently and swiftly.

The line-listing allowed the Reach team to then draw up a 'due-list' of people who were in need of 1st or 2nd dose and people who were not keen on the vaccination – 'refusal cases' – and belonged to vulnerable categories.

These two steps were critical, as they allowed for microplanning at a granular village-level, which would then be executed by the on-ground task force.

teams

The people that drove REACH from planning to execution.

Structurally, the Reach project teams were highly cross-functional, since flexibility and agility are crucial to carry out on-ground projects, where very few factors are ever in control of the team.

The Planning Team engineered the strategic approach & big picture plan, involving PCI India Bihar leadership, Programme Manager & special planning team members. The Co-ordination between the ground functionaries & planners, between Reach project functionaries & the Government Health department functionaries at Block and District levels was handled by Block Co-ordinators & the Programme Manager.

The pre-vaccination survey, which was the key to success, was powered by VMCs, Verifiers, Block Co-ordinators & Data-entry people, backed by the state machinery.

The actual Vaccination team was made up of people who powered the pre-vaccination mobilisation of the potential beneficiaries, as well as of people who carried out the full process of COVID-19 vaccine administering and beneficiary verification and registration. These were ANMs, Verifiers, VMCs and Asha workers.

> "...Those who learned to collaborate and improvise most effectively have prevailed.
>
> Charles Darwin

"What emerged from the survey was a 'due list' of people who needed to be addressed. The MOIC and BHMs according to the microplan would finalise dates on ground and the VMC would have already run their mobilisation campaigns on the due list. PCI India's block coordinator, Data entry operator and verifier would supervise it on ground. And thus we did about 95% vaccination of 1st and 2nd dose."

Kamta Pathak, Programme Manager

A physical and virtual toolkit that was employed to mobilise, persuade and turn-around people and communities, who were not amenable to receiving COVID-19 vaccines.

These tools were used to overcome chiefly two barriers to the COVID-19 inoculation being carried out:

(i) Lack of Information

About 40-60% of beneficiaries of first dose were found waiting for the 2nd dose with little or no information about where and when it would be administered. A huge segment of the populace did not know about how to register into the vaccination process, and a significant number were simply not sure whether they (in their special condition of chronic illness or pregnancy) are also needed to take the vaccination.

(ii) Misinformation

Myths, rumours, and strange stories ran through the village grapevine, pushing entire villages into a collective fear of the vaccine. The misconceptions included a belief that the vaccine would make them frightfully ill, or even render them sterile.

And these were effectively dealt with, using the Mobilisation tools (which also acted as reminder notifications).

There were, of course, other challenges, as that of distance and incapacity of certain individuals to reach any vaccination campsite, but those were addressed by a door-to-door drive for special categories.

tools to mobilise

Literature that VMC's and ASHA workers were trained to disseminate were part of the tools. These provided credibility to the persuasion and mobilisation dialogue the potential beneficiary was engaged in.

"I am 20-25 years old, I think. I don't work outside - I do domestic work. I have taken 2 shots. I was scared. Of the injection - nothing else. But ASHA didi told me nothing will happen. Showed me the pictures.

Rupa Kumari
Beneficiary, Mustafapur

"Daring ideas are like chessmen moved forward: they may be beaten, but they may start a winning game.

Goethe

"I am at least 70. My wife died of cancer. I used to run a tea shop, but I can't anymore. My back hurts. But I took my first (vaccine) on time. They came and told me all about the camp. So I took it - I wasn't scared. I will be getting my second vaccine now. They've told me when I am due. And after that the 3rd one too. And no, I am not scared.

Baldev Bhagat
District Muzaffarpur, Bihar

Even as the mobilisation process was underway, the reach team found itself repeatedly stone-walled when trying to persuade lactating mothers who feared for their infants. So a 5th tool of Testimonial videos was added to the tool kit.

TOOLS DESIGNED & USED FOR MOBILISING & MOTIVATING

These were designed by PCI India to address the 'unresponsive'

TEAM & TRAINING

Appointing local mobilisers; VMC-Verifier Team formulation and training.

BENEFICIARY MOBILISATION

3 Home visits per beneficiary (including 1-day prior to vaccination) & tokens given with specific timing - 100% coverage!

VACCINATION SESSIONS

With efficient booth management & innovation in transporting vaccinating team & special beneficiaries

SPECIAL GROUPS VACCINATION

Door-2door vaccination delivery for the special groups and difficult to reach hamlets

VERIFIED DATA & REPORTS

All vaccination teams accompanied by a Verifier who ensured that the data was authentic and was responsible for generating reports

project *reach*

The bridge that project Reach built across vast gaps held out through the project.

On the outset, the story and the flow of the project, which stretched from 20th Dec'21 – 31st July'22, involved the simple stages of Strategy, Team formulation & Training, Full Survey for status, Identifications of due beneficiaries, Microplanning, Pre-vaccination mobilisation, Administering of vaccination, and Post-vaccination data & reports. But the two features, which ensured the success of the project were the exhaustive and extensive line-listing & due-list creation, and subsequently, the use of local mobilisers and mobilisation tools to make a break-through in the most stubborn of groups.

VMC SPEAK

"I am 19 yr old. We used to motivate the people. We'd have to keep visiting them tens of times. I even teach in the basti - so that helped because people believed what I told them.

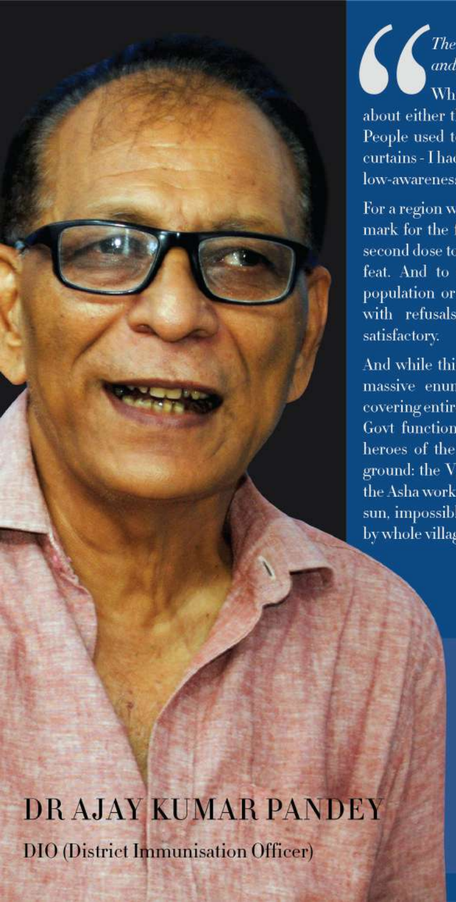
Aanchal Kumari
VMC, Muzaffarpur

SURVEY & MICROPLANNING

Creating 100% beneficiary list, and a 'due list', & micro-planning on the basis of both lists

SPECIAL GROUPS MOBILISATION

For special groups like pregnant women and lactating mothers, and physically challenged groups, additional mobilisation



DR AJAY KUMAR PANDEY

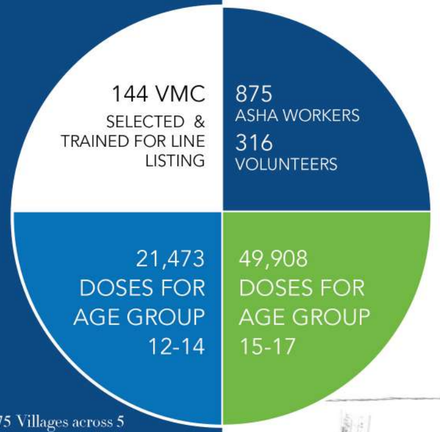
DIO (District Immunisation Officer)

The impact of Reach on the communities, regions and geographies targeted has been phenomenal.

When the 1st phase came no one had an idea about either the ailment or the effects of the vaccination. People used to come here - and wipe their hands on the curtains - I had to remove the curtains. That was the level of low-awareness, which was turned around by PCI India.

For a region where coverage was hovering around the 70% mark for the first dose and around the 45% mark for the second dose to achieve more than 94% coverage is no small feat. And to do this in hard-to-reach areas, mahadalit population or under-served population, minority villages with refusals, makes the achievement even more satisfactory.

And while this would not have been possible without the massive enumeration effort undertaken by PCI India, covering entire blocks, or without the coming together of all Govt functionaries, or the meticulous planning, the real heroes of the project were the men and women on the ground: the VMCs, the Verifiers, the Block Co-ordinators, the Asha workers, and the vaccinators. They braved rain and sun, impossible conditions and very serious stone-walling by whole villages, but they delivered the goods.



75 Villages across 5 Blocks targeted, 15 villages per Block

Impact

Learnings From Project Reach

- Identification and training of volunteer for COVID-19 vaccination and line-listing process
- Identification of low coverage village; microplanning and organising vaccination.
- Counselling of unwilling, unable and uncertain beneficiaries for vaccination.
- Mobilisation of beneficiaries on planned vaccination session site
- Relationship building with development partners working in COVID-19 vaccination program
- Special attention to time period

Kamta Pathak
Programme Manager, Project Reach

We had a different strategy. For every village with about 1000 + population we appointed VMCs. We surveyed people who were 18+ . It was 100% survey - not a sample survey. It took us about a month for the line list. About 144 VMCs, 10 verifiers (2 verifiers per block), and every block had a block co-ordinator and a data entry person.

If this programme had not happened, this coverage would not have happened. And when we spoke to DIO and CS, they said the 5 blocks we worked on in the district, they were at the bottom of the list, and now are the top 5.

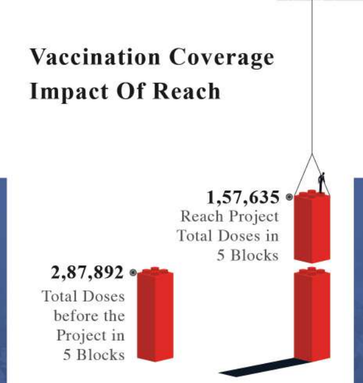
Puja
Block Co-ordinator

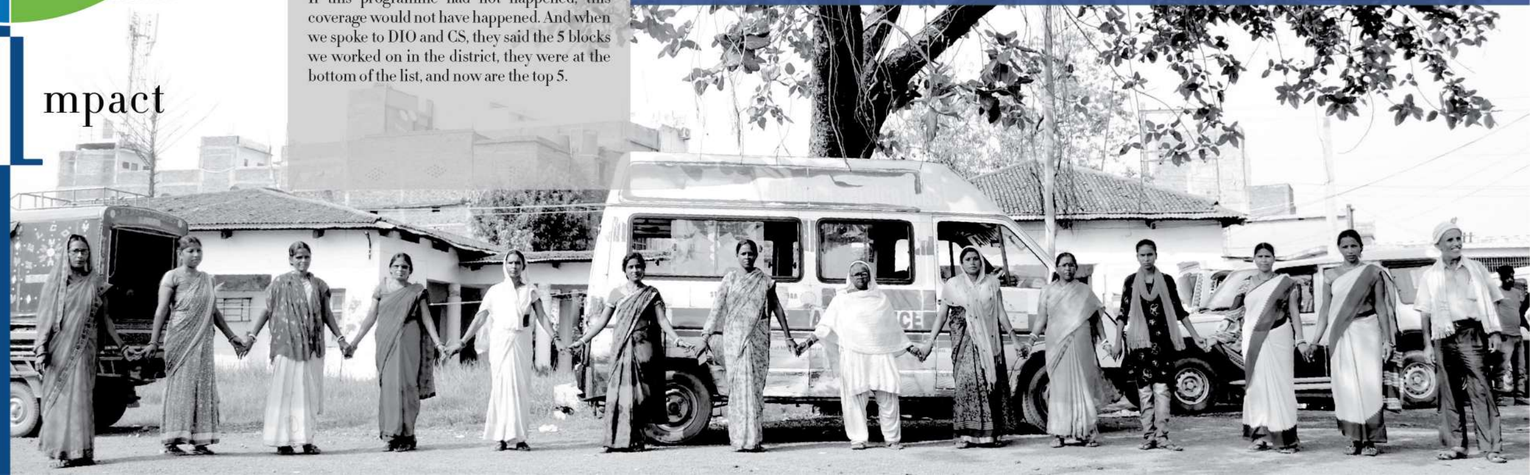
Each block was given 15 villages, and my block was Kanti. We got line-listing done of 'vulnerable' people through VMCs. We'd identify the people, create micro-plans and share the plan with BHM and MOIC for the camps. It was a process that worked.

Narendra Jha
Co-ordinator, Project Reach

The problem the team was facing is co-ordination at the block level. I am glad since I came I smoothed the path there. It brought us much closer to the block level functionaries and MOICs.

Vaccination Coverage Impact Of Reach





reached

REACH Impact - Micro

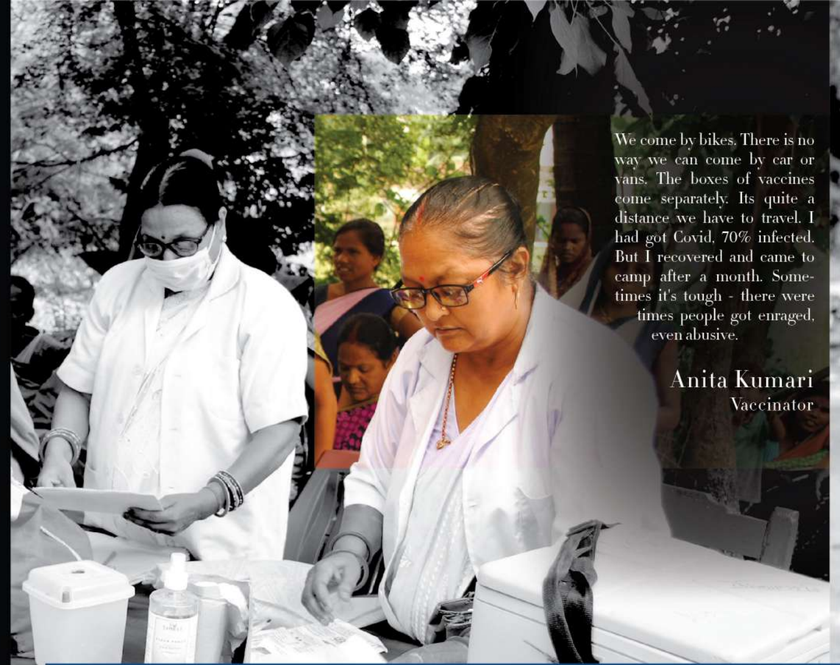
The real culmination of the project Reach lies well beyond the numbers, albeit the numbers clearly indicate overwhelming success.

It is in the real people reached, the real people who drove themselves to some of the most difficult to reach regions of the state, at a time when even the most altruistically motivated person did not wish to risk the long shadow of COVID-19.

To anyone unfamiliar with the hinterland of Bihar, reading about the experience of planning and executing project Reach, may still appear like yet another project conceived and run in a remote region. But to the Reach team, and to the people who were successfully drawn under the protection of the COVID-19 vaccine, it was a race against time with a palpable awareness of mortality.

And of the people reached, the most satisfying to reach were the ones who would otherwise have surely missed the opportunity to protect themselves from the pandemic. These were already the marginalised, people wrapped in fear and often in superstitions and misinformation, people chronically ill, barely able to make ends meet.

That Project Reach bridged the gap between them and assurance of safety is both a matter of privilege and pride for the team.



We come by bikes. There is no way we can come by car or vans. The boxes of vaccines come separately. Its quite a distance we have to travel. I had got Covid, 70% infected. But I recovered and came to camp after a month. Sometimes it's tough - there were times people got enraged, even abusive.

Anita Kumari
Vaccinator

I look after Shaheen & Manifulka. There were challenges in some community 'tolas'. Rumour that if they took the vaccine, they won't have kids. That it was actually for family planning. We had to go everyday several times and convince them.

Anita Devi
VMC, Muzaffarpur

We used to go with the Asha worker, wherever the site was. We motivated the people with 'ASHA didis', and registered, verifies and gave certificates, and made entries on the app. It went as planned.

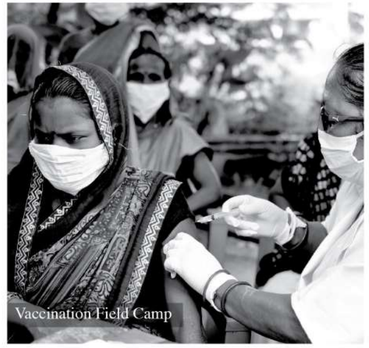
Nirbhay Pathak
Data Entry Operator

Ganesh Majhi is my husband, he has no work. We've nothing. We live on what we get. I have got one shot, yes. But I was scared. Now I will get the 2nd dose - they will tell me when.

Kiran Majhi
Beneficiary, Mustafapur

photo *journal*

Moments, people and tools from the Reach project - all in one glance!



Vaccination Field Camp

Beneficiary, Mustafapur

Teams walking to deliver vaccines in remotest locales

Tools designed for motivating and working as reminders for people, who were reluctant to take the COVID-19 vaccinations

A later 'motivation tool' added was testimonial videos of lactating mothers who had taken the COVID 19 vaccination to persuade lactating mothers who were scared to be inoculated.

SCAN TO VIEW VIDEOS

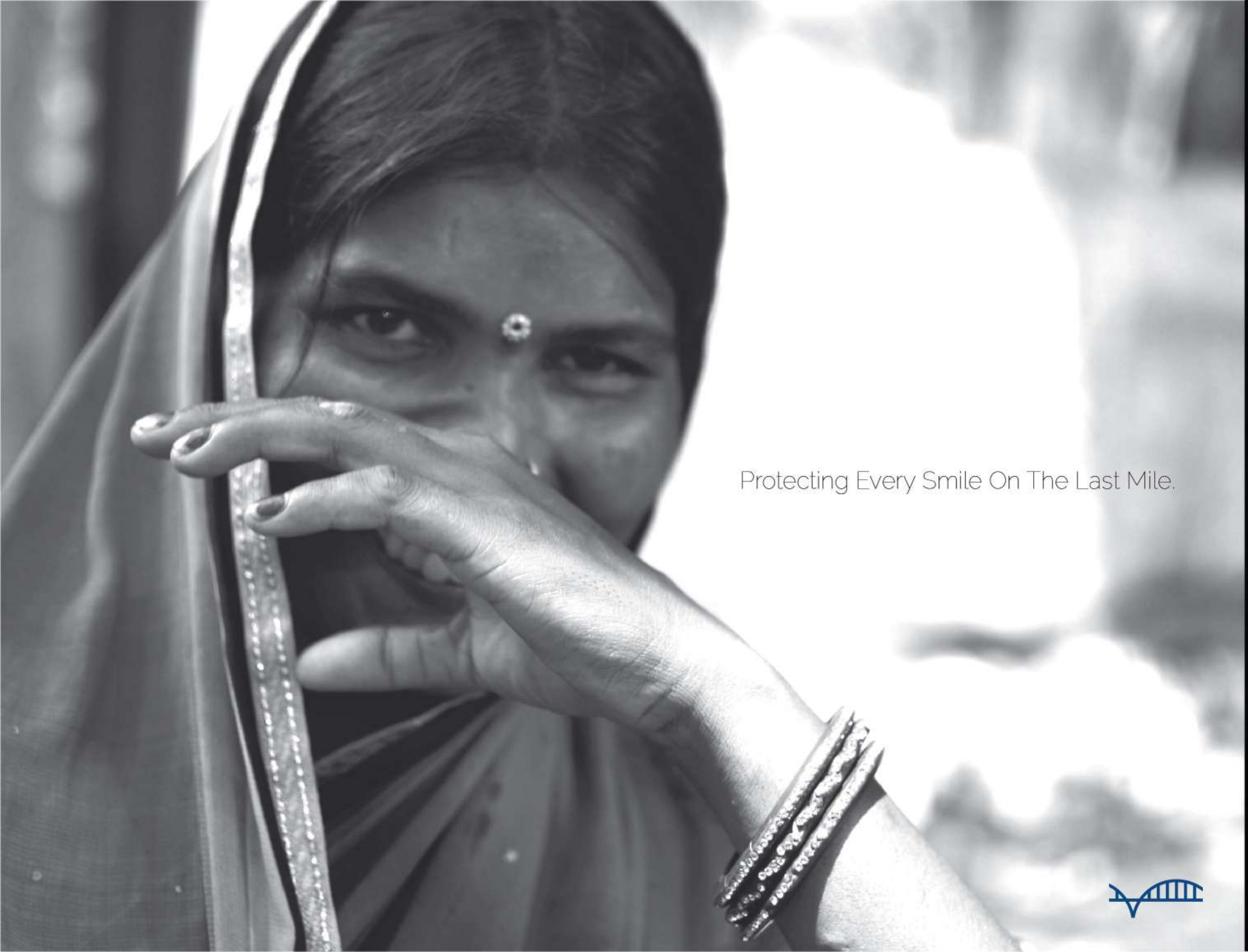
Field workers underwent rigorous training sessions

MAHESH PRASAD SINGH

VMC From Harchanda Panchayat looked after 15 wards, working from 7 am to 6 pm, going house to house.

reach-ing the unreached

A Roll Call of Honour of the entire team of PCI India ground workers that made this project a success.



PCI
A Global Communities Partner

J