

# संपर्क



**Technical support for  
Social and Behavioural Change Communication (SBCC)  
activation at the district level to augment COVID-19  
response for 2<sup>nd</sup> wave of the pandemic**

## **COMPREHENSIVE REPORT**



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## PRELUDE

**E**ffective and timely communication plays an important role in the development communication. It contributes to disseminate and sustain appropriate behaviour change at the individual, community, and societal level and helps in addressing health issues where behaviour plays an important role in the spread of communicable disease. These development communication strategies, models, approaches and tools, such as Information, Education and Communication (IEC), Behavioural Change Communication (BCC) and Social and Behavioural Change Communication (SBCC) have been proved effective in controlling and mitigating the impact by bringing appropriate behavioural change.

The COVID-19 outbreak in Jharkhand state called for an immediate communication response to communicate risk, sensitize & inculcate COVID Appropriate Behaviour (CAB) and promote vaccination to fight against the 2nd and subsequent wave of the pandemic. UNICEF Jharkhand along with Xavier Institute of Social Service (XISS), Ranchi partnered with the Department of Health, Government of Jharkhand to provide technical support for Social and Behavioural Change Communication activation at the district level to augment COVID-19 response for 2nd wave of the pandemic.

We are happy to share the report of our interventions, learning and challenges.

## FOREWORD

COVID-19, after creating so much of devastations, chaos and trauma, still haunts the world in the new normal. The first case of COVID-19 in India was reported during the initial months of 2020, which slowly engulfed the entire country. Hundreds and thousands of people died, in many cases both the parents, survived by orphaned children. Social/physical distancing was one of the norms of the COVID Appropriate Behaviour (CAB), but in reality, it also brought actual social distance even among the family members. People also used masks and regularly sanitized their hands. People in general with some exceptions were cautious so as not to contract the deadly virus. However, when the opportunities for mass vaccination were offered, it was observed that not only the uneducated masses in the rural areas but also the sophisticated educated people in urban localities were apprehensive about it. They were swayed by rumours that vaccination drive was a government ploy for population control, that those vaccinated were sure to die, and that there was no guarantee that the vaccinated would not contract corona virus. The government, NGOs and other well-intentioned agencies were trying their level best in convincing people for vaccination and COVID appropriate behaviour to deal with the virus with mixed experiences.

It is in this context that the Xavier Institute of Social Service, Ranchi, and UNICEF India undertook the herculean task of engaging in a two-fold mission: vaccination promotion and COVID appropriate behaviour in 21 districts of Jharkhand. I appreciate the good work done by the XISS-UNICEF team under the supervision of the Project Head Dr Anant Kumar and his team with a special mention to State Project Coordinator Mr Aditya Raj and SBCC District Project Coordinators. I would also like to thank Dr Fr Pradeep Kerketta SJ, Assistant Director, Fr Francis David Kullu SJ, Finance Officer, Prof Amar Eron Tigga, Dean Academics, Prof Himadri Sinha, HoP-Rural Management Programme and UNICEF Jharkhand for their guidance and support to the programme. Listening to them during their periodical sharing has been very touching. The coordinators have been working very closely with the District Administration and there has been tremendous cooperation from all quarters.

The present report shares glimpses of the enriching experiences of this engagement for about nine months. I appreciate and congratulate Dr Anant Kumar and his team not only for the task accomplished but also for sharing with us stimulating and thought-provoking experiences which will go a long way in the process of nation-building, which is so close to the heart of XISS.

**Dr Joseph Marianus Kujur SJ**

*Director, XISS*

## ACKNOWLEDGMENTS

We are grateful to the National Health Mission led by Shri Ravishankar Shukla, (then) Mission Director, National Health Mission, Jharkhand and Shri Arun Kumar Singh, IAS, Additional Chief Secretary (ACS), Department of Health and Family Welfare, Govt. of Jharkhand for the pro-active support and encouragement in implementing this project. We extend our sincere gratitude to the Deputy Commissioners of the 21 project districts for their constant support and guidance to SBCC-DPCs. Without their support and leadership, it would not have been possible to achieve the desired vaccination coverage and promotion of COVID Appropriate Behaviour (CAB) among the masses. We would also like to thank and acknowledge the support provided by Deputy Development Commissioners (DDCs), Civil Surgeons (CSs), District Program Managers (DPMs), District Program Coordinator (DPCs), Medical Officer-in-Charges (MOICs), Block Program Managers (BPMs), and other important officers of the districts and blocks whose support and believe has made this programme successful in achieving its objectives.

We appreciate UNICEF, Jharkhand Office, under the leadership of Mr Prasanta Dash, (then) Chief of Field Office, Mrs Parul Sharma (OIC-CFO), Mr Danish Khan (C4D Specialist), Mr Kumar Premchand (WASH Specialist), Mrs Tulika Jha (Consultant) and the entire team for understanding and positively reacting to the need of the hour when the state was grappled with the effects of pandemic and slower vaccination rate. We thank the UNICEF team for collaborating and joining hands with XISS to provide technical support to the district administrations to promote COVID appropriate behaviour and immunisation coverage in the state.

I am thankful to Dr Fr. Joseph Marianus Kujur, SJ, Director, XISS for his constant support and guidance to the programme team. I am also thankful to Fr Francis David Kullu SJ (Finance Officer, XISS), Prof Himadri Sinha (HoP- RM), and Prof Amar E. Tigga (Dean Academics, XISS) for their support and time in the successful implementation of project. Special thanks to Mr Aditya Raj, State Project Coordinator, for the project's successful management, implementation, and coordination.

I would like to appreciate and acknowledge my team's effort at districts, the 21 SBCC DPCs whose tireless and unconditional efforts have harnessed the desired results, which ultimately contributed to the district and state's overall performance. They have proved their capability, skill, and resilience in a short time.

Last but not the least, my acknowledgement goes to the IEC cell, members of civil society, front-line workers, volunteers, staff at the district level, and the friends of the media for their constant support.

**Dr Anant Kumar**

*Project Head*



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## ACRONYMS

BCC:	Behaviour Change Communication
BLTF:	Block Level Task Force
BPM:	Block Project Manager
CAB:	COVID Appropriate Behaviour
CBO:	Community-Based Organisation
CE:	Community Engagement
CS:	Civil Surgeon
CSO:	Civil Society Organisation
DC:	Deputy Commissioner
DDC:	Deputy Development Commissioner
DPC:	District Project Coordinator
DPM:	District Program Manager
DDM:	District Data Manager
DLTF:	District Level Task Force
FBO:	Faith-Based Organisation
FLW:	Front Line Worker
FGD:	Focus Group Discussion
HCW:	Health Care Worker
JSLPS:	Jharkhand State Livelihood Promotion Society
MOIC:	Medical Officer-in-Charge
NGO:	Non-Governmental Organisation
PVTG:	Primitive Vulnerable Tribal Group
RCCE:	Risk Communication and Community Engagement
SBCC:	Social and Behaviour Change Communication
SHG:	Self Help Group
UNICEF:	United Nations Children's Fund
VDVK:	Van Dhan Vikas Kendra
XISS:	Xavier Institute of Social Service

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## TESTIMONIALS

Many communities have legitimate questions about the COVID-19 vaccines and are not yet ready to be vaccinated. Sampark (XISS and UNICEF partnership) sought to improve shared understanding of how to apply social and behaviour change communication (SBCC) strategies to vaccination campaigns and drive positive public health outcomes in the district. In particular, the district wanted to understand what communities want to know about COVID-19 and the vaccines and what messaging and creative approaches work best to increase people's willingness to get the COVID-19 vaccines. Thus, beginning in 2021, UNICEF partnered with the XISS Young Professionals team on SBCC campaigns to promote COVID-19 prevention behaviours and to reduce vaccine hesitancy within a district. As one part of that effort, the communication plan was planned for the district which include community meetings, participatory activities, traditional media group performances, rallies, talk shows, miking announcements, roadshows, and home visits on COVID Appropriate Behaviour. Interpersonal communication and group consultations were organized using frontline functionaries and local influencers to engage people to dispel misconceptions and fears regarding the vaccination process and follow COVID Appropriate Behaviour.

~ Sri Ravi Shankar Shukla, I.A.S.  
Deputy Commissioner, Dumka

I put on record my hearty thanks and appreciation to the SBCC DPC of Sampark (XISS- UNICEF Project) for his efficient and effective technical support in the COVID management. In the absence of their noteworthy contribution, it would not have been possible to complete the mammoth COVID vaccination campaign in Palamu. I also wish to acknowledge the XISS, Ranchi and UNICEF Jharkhand for their landmark collaboration for the benefit of the state and mankind.

~ Shri Shashi Ranjan, I.A.S.  
Deputy Commissioner, Palamu

In the initial phase, the vaccine intake among women was very low. The brief explores some of the reasons behind the low uptake amongst women during the initial phases of the roll-out and the contributing factors to the increase over time. It reviews some of the interventions to increase uptake amongst women was creating awareness and engaging communities: Firstly, it was necessary to understand people's concerns and doubts. XISS-UNICEF DPC collected data through field visits and focus group discussions (FGDs) to design appropriate interventions to address vaccine concerns amongst women. One activity developed based on the findings was Nukkad Natak shows were held in major blocks, reaching out to a majority female public and giving women the opportunity to talk and share their queries or concerns.

~ Dr Bacha Singh Prasad  
Civil Surgeon, Dumka



## HIGHLIGHTS OF THE PROGRAM

Impactful presence in 21 districts of Jharkhand

Technical support in designing and formulating communication and awareness programmes

Reaching to hard-to-reach areas and vulnerable population groups

Better and effective implementation of IEC materials in all 21 districts

Led the flagship programs of state and central government on vaccination promotion

21 district specific COVID communication plan

Capacity building of functionaries and stakeholders at the block and district levels

Reduction in data pendency instances of districts

Micro plan for vaccination and effective monitoring in all 21 districts

Inclusion of the third gender, out of school children

Collaboration between administration, line departments, and CSOs in the 21 districts

Case stories, field stories, and documentation

## BACKGROUND

The spread of SARS-CoV-2 (COVID-19) created unprecedented uncertainty, fear and public health emergency in the country including Jharkhand State during the second phase of the pandemic. Jharkhand state is located in the eastern part of India, next to Bihar and Uttar Pradesh, with an estimated population of 32.96 million. The state has a 26.3 percent tribal population, with abundant natural resources, and is known for its natural beauty, flora, and fauna (Census of India, 2011).

The COVID-19 pandemic had upended the health infrastructure, normal functioning, and social support system in the state. The first case in the state was reported on 1st April 2020 in the Hindpiri area of Ranchi where a Malaysian woman was found infected, followed by, 15 more cases found from the quarantine centre. In a short period, the infection spread all over the state. Ranchi and East Singhbhum reported the highest concentration of COVID-19 positive cases. Although the cases were relatively low compared to other states, the linguistic diversity, difficult terrains, scattered population, media isolated areas, tribal population, unawareness, illiteracy causing vaccine hesitancy<sup>1,2</sup> and poor health infrastructure made the situation grave and highly concerning.

In India, two COVID-19 vaccines were launched on 16 January 2021. These vaccines were made available to the public from 1 March 2021 for people who are 45 years and above. However, the availability of vaccines does not ensure sufficient vaccination since the willingness of people to get vaccinated plays a very important role in vaccination. Many people were hesitant and reluctant to take vaccines and expressed fears, myths, misconceptions, doubts and concerns about the safety and effectiveness of vaccines. The health fraternity across the globe is advised to follow CAB before and after the vaccination, as the virus is continuously mutating.

Here, development communication plays a vital role. Communication is a mode of imparting or exchanging messages by speaking, writing or using other mediums. During the pandemic, communication is not only conveying messages to people but has a much wider approach. In the COVID-19 pandemic, people were marked, stereotyped, discriminated, viewed negatively, and suffered a status loss due to a perceived contact with the disease.

1<https://www.outlookindia.com/website/story/india-news-vaccine-hesitancy-high-in-rural-india-villagers-fear-death-and-impotency/382599>

2<https://timesofindia.indiatimes.com/city/ranchi/health-workers-face-heat-from-villagers-casting-doubts-on-cov-test-methods-vax/articleshow/83382240.cms>

In addition, high levels of stress and anxiety were experienced by people due to significant changes in their day-to-day life and social structures and movements. Through an effective and focussed communication strategy, information on the new COVID vaccine was given, vaccine hesitancy was addressed, and the need of maintaining COVID appropriate behaviours (CAB) was emphasised and advocated.

## Myths and Misconceptions related to the COVID-19 vaccine

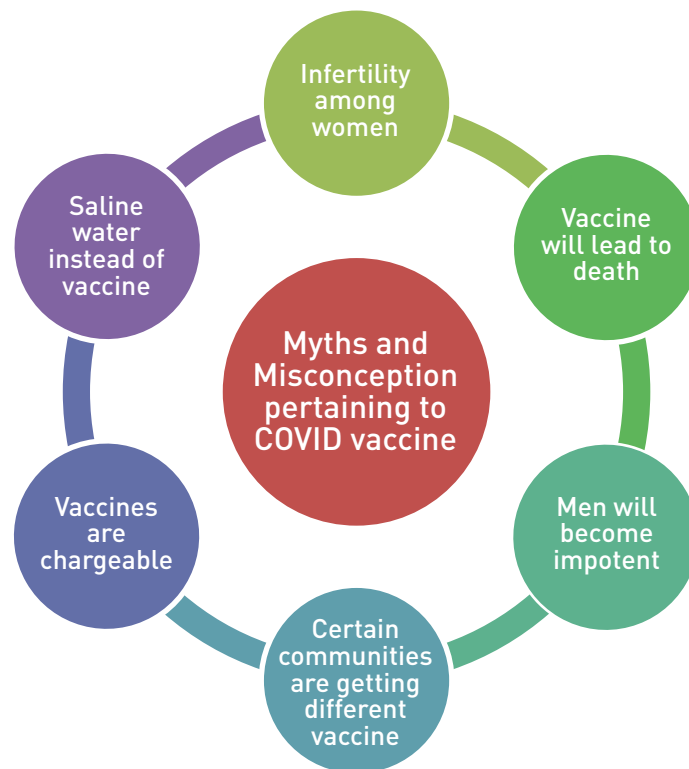


Fig 1: Myths and misconceptions prevalent among the community at districts

Source: Primary data collection

The above figure shows different types of false beliefs that were prevalent among the community related to the vaccine. The hesitancy and misinformation were a few of the reasons behind the slow progress of vaccination. The information was collected by the SBCC DPCs in consultation with BPMs/MOICs, NGOs and other field level institutions through FGD and personal interaction.

Several modes of communication were used like IEC (Information, Education Communication) and BCC (Behavioural Change Communication) which are IPC (Inter-personal Communication) along with the use of banners, hoardings, community radio, folk activities, audio-visual aids etc. These contained information regarding the importance of vaccination and about the promotion of COVID appropriate behaviour. Communication strategies and methods were developed considering geographical areas, language, socio-cultural context, topography, and other specific challenges confined to that area. As a result, all 21 districts developed their own communication plan and strategy to promote vaccination coverage and promote COVID appropriate behaviour.

The COVID-29 pandemic called for collaborative effort and partnership of the central government and state government. In collaboration with and partnership with NGOs, development agencies,

Civil society organisations, and UNICEF, the government of Jharkhand developed and designed several communication materials on vaccine promotion, CAB, addressing the myth and misconception and other relevant IEC. However, those materials needed to be re-developed and translated into vernacular considering tribal and district-specific languages for better and more effective reach. Therefore, dedicated manpower and expertise were required to cater to the need. Besides, the COVID pandemic mitigation demanded overall coordination apart from the health department, where SBCC DPC played an important catalyst role between the line departments and NGOs for easy and smooth execution of the activities and plans.

Monitoring and regular check are important in any large-scale implementation. The data collection and monitoring of session sites and activities were important and therefore, were supervised at by the SBCC DPCs and they also reported to their concerned officials in the district. The extra manpower provided by the XISS UNICEF in face of SBCC DPCs was found to be very helpful, and supportive, and acted as a catalyst in the COVID management of the districts.

## **Sampark (XISS-UNICEF Collaboration)**

To support the state in its fight against the COVID-19 pandemic, UNICEF Jharkhand partnered with XISS, Ranchi to provide technical support to districts in inoculating a large population in affected areas. The collaboration provided the required support to the district in the administration of prevention measures such as enforcing strict quarantines and lockdown protocols, following social distancing measures, promoting COVID appropriate behaviour and ensuring community use of face masks, thus containing the impact of COVID-19 in the district. Hand hygiene, physical distancing, use of face masks, cough etiquettes, and avoiding greetings through physical contact were the major COVID-19 appropriate behaviours (CAB) adopted during the pandemic. The main elements of these changes in behaviour were the enforcements by the government, fear, motivation (self and induced), and self-experiences or realizations over time.

Community engagement (CE) for CAB and vaccination led to community-based interventions, such as providing communities with adequate information about the importance of maintaining hand hygiene, social distancing, face mask, vaccine benefits, etc. Accessing and supporting all aspects of vaccination services, often targeted at high-risk or vulnerable population groups.

In this backdrop, UNICEF India is providing technical support to the Ministry of Health and Family Welfare (MoHFW), and the Government of India in preparedness for COVID-19 through communication strategies and community engagement. UNICEF is also supporting the state government (here Jharkhand) through XISS Ranchi to increase vaccine coverage and promote CAB.

UNICEF Jharkhand collaborated and partnered with Xavier Institute of Social Service (XISS), Ranchi, a premier management institute to provide technical support to district administrations in different districts of Jharkhand in planning, implementation, and effective monitoring of communication interventions to promote the CAB and generate vaccine demand. The HPD: IND/PCA2021886/HPD20211322 was signed on 07.06.2021 by both the partners and the programme started on 10 June 2021. The HPD was for eight (08) months that ended on 10 February 2022. The programme was supported by UNICEF Jharkhand through their generous grant of INR 71,16,060.



The partnership aimed to prepare a COVID communication plan, the orientation of officials, civil society members, FLWs, and other relevant stakeholders from time to time, the preparation of district-specific IEC materials, and effective distribution, documentation, and overall support to administration. Please visit <https://sites.google.com/xiss.ac.in/sampark> to know more.

**Table 1: Programme Overview**

Type of Emergency	COVID-19
Location	Jharkhand, India
Population affected	39 million
Government supporting the intervention	Government of Jharkhand
Expected Result	Men, women, and children are reached with COVID-19 specific messages as issued from time to time by GoI, GoJ and UNICEF.
Targeted population	21 lakhs

Source: Programme document



The Sampark Project team members

## The Intervention

Sampark: Protection and Prevention from COVID-19 were initiated to provide technical support to the district administrations in combating the fight against the COVID-19 pandemic. The idea behind the project was to depute an SBCC DPC in each selected 21 districts under DCs where he/



she will work closely with the health department and other line departments in bridging the gap. In the initial days, NHM, Jharkhand, UNICEF Jharkhand and XISS deliberated the need to place a human resource with a certain set of responsibilities. The coordinators were required to promote and advocate CAB and risk communication in the district level meetings, communication support in developing materials, translation, dissemination, misinformation management, liaison with key stakeholders, training and orientation of key stakeholders, field visits for monitoring, and documentation of best practices/case story from the district. The key strategies of the intervention were multi-sectoral planning, visibility of messages, social mobilization and community engagement, capacity building, social media, developing social capital and knowledge products, and generating evidence.

## Project's Input, Output, Outcome and Impact

The 8-month long project has delivered some intended outcomes and impact which is the result of inputs given. Figure 2 explains the theory of change in this particular project and shows how the inputs led to outputs, outcomes and finally the impact it has created.

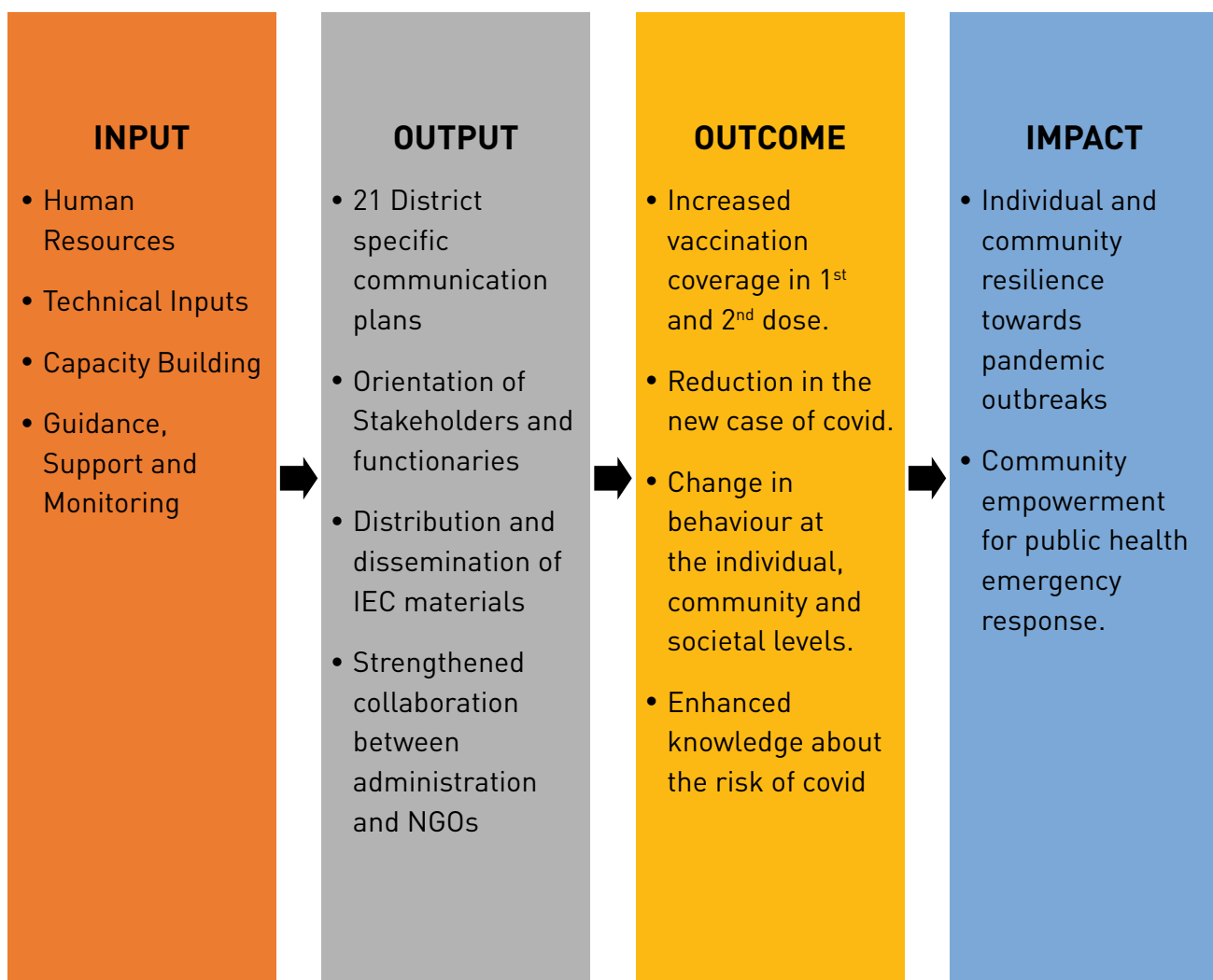


Fig 2: The Input-Output-Outcome-Impact of Sampark

Source: Sampark team compilation

## Our Presence

The Sampark program was implemented in 21 districts viz., Bokaro, Chatra, Deoghar, Dhanbad, Dumka, East Singhbhum, Garhwa, Godda, Gumla, Hazaribagh, Jamtara, Khunti, Koderma, Lohardaga, Latehar, Pakur, Palamu, Ramgarh, Simdega, Sahibganj and Saraikela Kharsawan.



Figure 3: The interventional districts of the program (in yellow)

Source: Prepared by the XISS team

The districts were selected considering initial vaccination coverage, hard-to-reach areas, tribal-dominated districts, districts with high cases of hesitancy and misinformation, and geographical factors. The 21 SBCC DPCs were deputed under the District Commissioners (DCs) and later tagged to different senior officials of the line department, particularly the Civil Surgeon Office.

Three districts i.e., Ranchi, W. Singhbhum and Giridih were not covered in the programme because UNICEF (Jharkhand Office) has direct support and state-level resources for Ranchi, whereas Giridih and W. Singhbhum are the priority districts of UNICEF, it had NGO partners and consultants engaged in similar support.

XISS had deployed 21 motivated, experienced, skilful, and knowledgeable professionals who were post-graduate in different domains like Rural Management, Finance Management, and Marketing in various districts (highlighted in yellow) as SBCC DPCs. The SBCC DPCs were properly oriented and trained by both UNICEF and XISS from time to time depending on the need and situation.

## THE PROCESS

The programme started with initial talks with NHM Jharkhand, XISS and UNICEF. The discussion focussed on the need for technical support and the modus operandi of the intervention. The programme was supported by the letter 9/RCH-276/2020 from the Additional Chief Secretary, GoJ dated 30.06.2020 to all the interventional district Deputy Commissioners (DCs). The letter guided the districts about the technical support in form of SBCC-DPC deployed by XISS and UNICEF, their job description and the project span. The letter also suggested the DCs obtain full support from these mobilizers (DPCs). UNICEF Jharkhand office and Director, XISS also shared a letter to DCs about the intervention and their guidance thereafter.

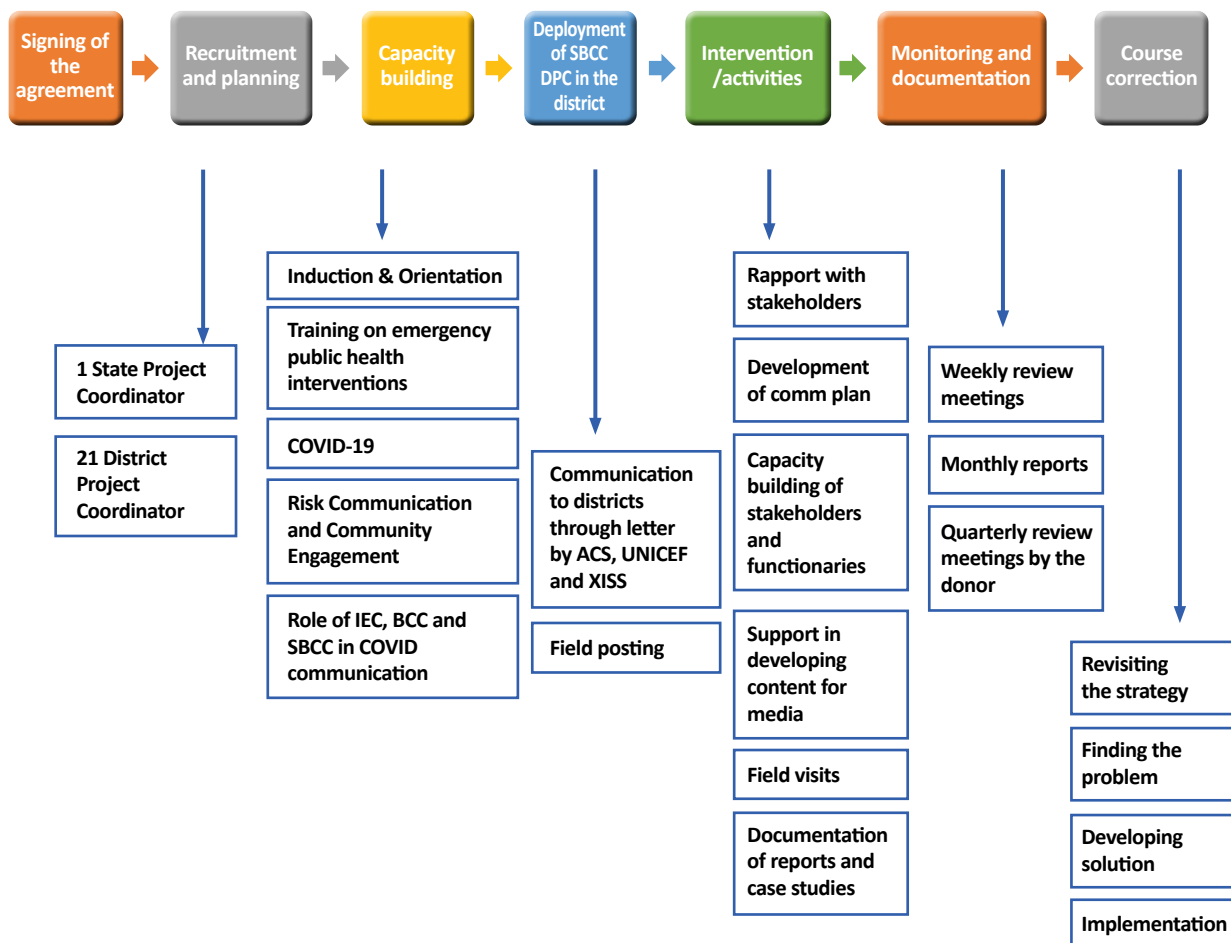


Fig 4: The process involved in Sampark

Source: Team Compilation

The DPCs were properly oriented and informed about the components of the programme before the start of work. A rigorous capacity building session was organised in which topics/ areas like project objectives, COVID prevention and vaccination services, understanding of SBCC, communication tools, RCCE and community engagement, and an overview of government COVID communication programs at the district and state level were covered. The training sessions were conducted by Mr Danish Khan, Dr Anant Kumar, Dr Vanesh Mathur and Ms Tulika Jha. Besides that, the capacity enhancement of DPCs was carried out at regular intervals by resource persons from both XISS and UNICEF. A virtual introduction cum interaction was also organised in the

beginning of the project with Additional Chief Secretary, Health, Government of Jharkhand – Shri Arun Kumar Singh, IAS, Deputy Commissioners of Deoghar- Shri Manjunath Bhajantri, IAS and Godda- Shri Bhor Singh Yadav, IAS. These sessions gave a fair idea of the government functioning, project objectives and DPC's role in the programme.

## Outputs

The project accomplished its intended outputs through intervention activities carried out that were aligned with the project objectives based on the framework outlined below.

Note: Since, DPCs have supported the administration in planning and execution. The numbers mentioned here may not necessarily depict the project number and can contain the district's facts/achievements too.

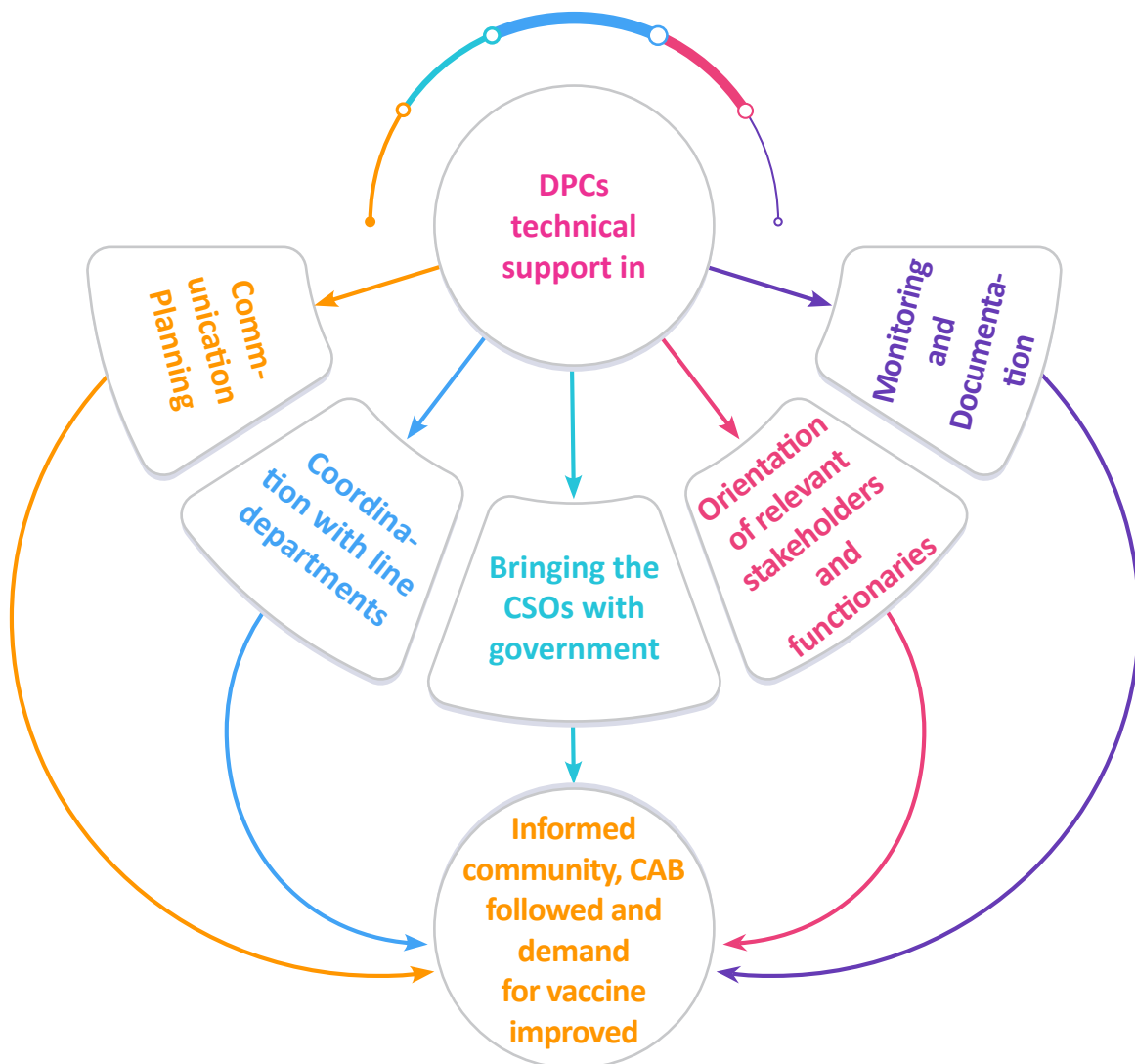


Figure 5: The working framework of SBCC DPCs

**The key Outputs of the Sampark are presented below:**

### ✓ COVID communication plan for all 21 districts

The SBCC-DPC developed and implemented the district communication plan and strategy to communicate the risk associated with COVID infection and vaccine promotion in consultation and coordination with the line department and key stakeholders such

as NGOs, Civil Society, Development partners, and the community. The plan was approved by the respective DC/CS approved for its implementation and execution with the involvement of relevant stakeholders. All 21 districts had implemented at least two community engagements and one mid media intervention in the district through the active leadership role of coordinators.

✓ **Identification and framing of the name list of the orphaned children**

At the district level, coordinators also assisted the District Social Welfare Officer (DSWO) in the identification of the children whose parents died due to COVID. The facilitator role played by the coordinators helped in the proper identification of beneficiaries.

✓ **Strengthened coordination among various line departments and civil societies**

In the project span, the coordinators strengthened the coordination between the line departments and civil societies during the implementation of a communication plan and other activities. The SBCC DPC were also the nodal person for the Mission Kartavya program where NGOs in coordination with district administration played a significant role in promoting vaccination and CAB among the masses. During the project period, around 250 non-governmental actors (including the line departments) across the 21 districts were oriented with the officials to implement the communication plan.

✓ **Coordinated State level flagship programs like Mission Kartavya, Garm Samvad, Har Ghar Dastak, etc**

The Sampark SBCC-DPCs in the district played a significant role in leading some important vaccination and CAB-related programs like Gram Samvad, Har Ghar Dastak, COVID Teeka Maha Abhiyaan, and Surakshit Gaon Humar Gaon (in Deoghar). The coordinators took an active charge in coordinating with block officials, FLWs, CSOs, and other stakeholders in implementing the activities smoothly.

✓ **Reduced data pendency cases of vaccination at the district level**

The coordinators also worked on the data pendency cases in various districts like Palamu, Garhwa, Chatra, Sahibganj, Pakur and Khunti, and Godda. They coordinated with DDM, BDM, and data entry personnel in ensuring the low (or zero) instances of data pendency in the districts. The effort has shown progress as the pendency rate has gone down significantly.

✓ **Strengthened documentation and knowledge dissemination**

The coordinators supported the administration in documentation management. Successful case stories/human stories were fetched and drafted for wider dissemination. 170 such stories covered the hard effort of FLWs, panchayat leaders, social workers, block officials, and civil societies. Over 400 press ads/articles related to COVID communication were printed in the local dailies in coordination with the concerned officials. Over 1200 contents were shared through Twitter and other social media platforms to spread the need for vaccination and maintain COVID appropriate behaviour.

✓ **Effective implementation of IEC materials and activities**

In the districts, coordinators themselves were responsible for the effective and impactful distribution of IEC materials related to COVID which were supplied by the state IEC cell.



The coordinators monitored the placing of hoarding, banner, handouts, posters, leaflets, audio-visual bytes, and interpersonal communication through Sahiya, sevika, and others. Around 30,15,000 IEC materials were printed and distributed during the time.

## ✓ **Regular reporting to the district administration**

During the project period, the coordinators were reporting directly to the DC and CS office about the progress and feedback on the ongoing vaccination program. They prepared plans, presentations, reports, and stories for better dissemination. Some coordinators were also involved in the monitoring of the management of COVID wards and medical kits. The reports were shared during DLTF/BLTF meetings. Around 600 such meetings were attended by the DPCs during the period and gave their insights for increased vaccination coverage.

## ✓ **Orientation of functionaries and stakeholders**

The district coordinators played a significant role in organizing, coordinating and imparting orientation programs for different groups from time to time. 6,825 districts and block stakeholders, 1,89,571 FLWs, 35,783 leaders from community-based networks and 25,423 volunteers from CBOs and FBOs were given training on various aspects of COVID communication such as CAB and vaccination improvement.

## ✓ **Supported in Vaccination planning at the micro-level**

The coordinators were actively involved in the preparation of micro-planning for vaccination/session sites. The selection and allotment of CVCs in the area, follow-up of vaccination numbers, reaching the hard-to-reach areas, and covering all eligible populations under the vaccination drive were monitored by the coordinators.

## ✓ **Promoted vaccine for all**

The coordinators put a special effort into ensuring the 'vaccine for all'. To special mention, the coordinator at Deoghar emphasized on inclusion of the third gender in the vaccination drive. Other DPCs also particularly tried to reach the last mile- PVTGs in Godda, Simdega, Palamu, and the Muslim community in Hazaribagh, Ramgarh, and other districts. The coordinators also highlighted the need to identify and reach out to school children when the 15-18 years age group vaccination started.

## ✓ **Micro-level data management**

The coordinators also managed the micro-level vaccination data of villages and panchayat levels which ultimately helped the districts to plan session sites in the area and improve the vaccination numbers. The data were regularly monitored and updated by the coordinators in coordination with BDM and DDMs.

The coordinators had increasingly been recognized at the district level for COVID related interventions. In the 8 months of the project period, due to the consistent effort and support, districts' and states' vaccination coverage has improved manifold in all real terms.

## Impact

### ❖ Improved vaccination coverage

The unprecedented situation caused by COVID was relatively relaxed due to a decrease in a number of cases and vaccination coverage. In Jharkhand, the vaccination program was started on 16 January 2021. However, it was limited only to the HCWs and FLWs. 2nd phase of the vaccination included the 60plus age group population and 45plus with comorbidity. The 3rd phase was introduced on 1 May 2021 where 18plus populations were covered. When the Sampark was initiated, the following were the overall coverage of the vaccination:

Jharkhand	HCWs	FLWs	18-44 age group	45-59 age group	60+ age group
1 <sup>st</sup> dose	92%	86%	6%	26%	38%
2 <sup>nd</sup> dose	82%	80%	--	80%	77%

Table 2: Vaccination statistics at the time of the start of Sampark (as of 10 June 2021)

Source: COVID-19 Bulletin of Jharkhand

The support and presence of SBCC DPCs in the districts with focussed intervention in alignment with line departments and non-governmental actors have improved the situation and efficacy of the program. As a result, there was a multi-fold improvement in the vaccination coverage of the districts (as shown in the graph below).

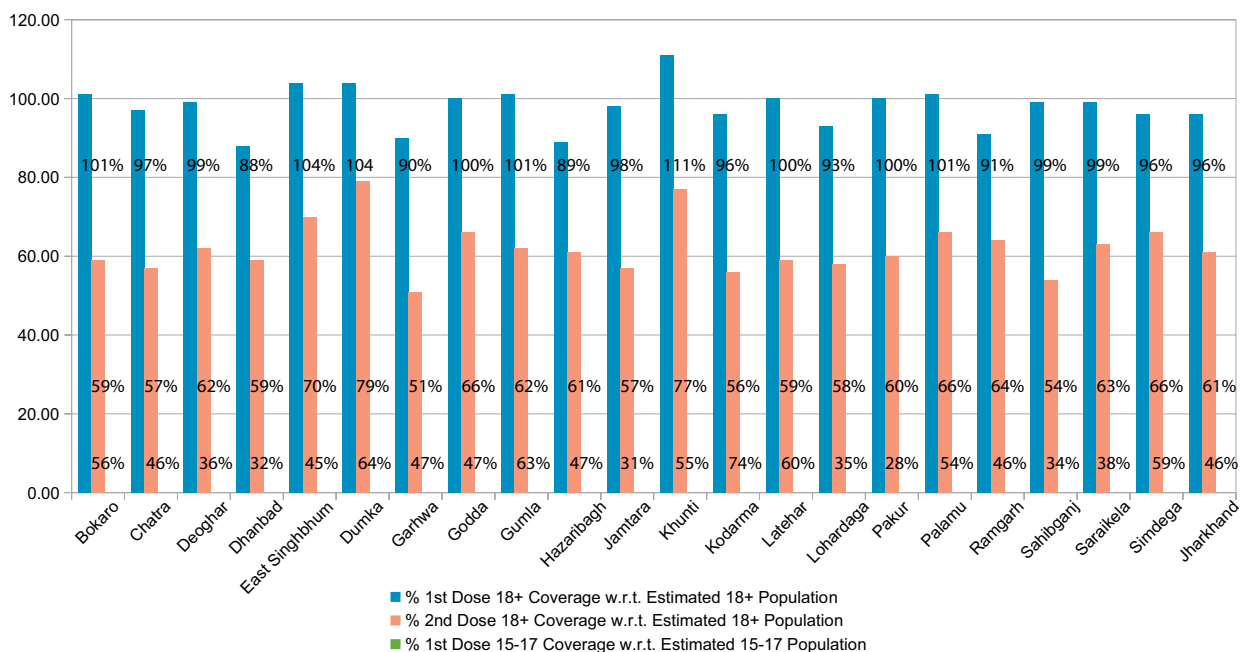


Table 3: Vaccination statistics at the end of Sampark (as of 7 Feb 2022)

Source: COVID-19 Bulletin of Jharkhand

### ❖ Enhanced capacity of functionaries and stakeholders

The impact of Sampark intervention in the districts can be seen in the capacity enhancement of the functionaries and stakeholders as well. The regular and extensive orientation of front-line workers and other stakeholders had improved the outputs and they have been trained to share the COVID messages in a community in a better way.

## ❖ Better data management and updation

The Sampark has also impacted the data management aspect of the districts. The coordinators brought a quick and improved collection of data, analysis, and dissemination. Because of this, the village/panchayat wise data were available at the district level which helped in preparing micro plans of the area. The data were also presented during the DLTF meetings.

## ❖ Strengthened reporting mechanism

The impact of Sampark can also be traced through the strengthened documentation at the district level, robust monitoring and follow up from the ground level, smooth and timely execution of activities and an aware population on the CAB.

## Challenges

In the initial days, SBCC DPCs struggled hard to make a place in the district, however, the skill of rapport building and experience played a crucial role in adjusting with the district officials. The hesitancy, illiteracy, misinformation, and rigidity among the people made the vaccination coverage slower, and making a behavioural change among them was a very important and indeed the most difficult challenge for the team. The micro plans were made to address these pockets/hard-to-reach areas. In the end, amidst all obstacles, the DPC's resilience did the work, and the program achieved all the targets comfortably.

## Opportunity

In the road ahead, though the districts have completed nearly 100% vaccination of 1st dose, there is a need to push for 2nd dose vaccination. Subsequently, the government has been allowed to administer precaution doses for FLWs, HCWs, and the 60 plus age group population, significant effort and coordination will again be needed to achieve numbers in time. The vaccination program is also open to the young population of the 15-17 age group and in the coming days, it is expected to include the 12plus age group population also. Therefore, there is still a lot to be done. Though hesitancy has been reduced significantly, the slow pace of vaccination is a cause of worry. Besides all this, continuous effort to sensitize and remind the community to maintain CAB is of utmost importance.

## Conclusions

The communication strategies employed in the program have brought significant changes in the COVID management of the districts. The support of SBCC DPCs provided by the partnership of XISS and UNICEF Jharkhand has acted as a catalyst to foster and strengthen the COVID communication, widespread reach of information, local-level communication, and engagement of all stakeholders from top to bottom. The technical support provided by both organisations has brought extensive community engagement activities in coordination with the various line departments and civil society organisations. Active involvement of DPCs in the DLTF and BLTF meetings has regularly advocated the need for CAB and vaccination of all. The program has successfully achieved all the programmatic targets. The DPCs involvement was publicly appreciated and felicitated in every important event. The districts and thus the state has achieved almost 100% vaccination, but the focussed approach needs to be continued for the 2nd dose, precaution dose and vaccination of younger age group too.



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# संपर्क

## GLIMPSES



The team members of Sampark



Picture from the orientation session at XISS



Screenshot from the weekly meeting



Picture of strategic meeting with officials



Presentation in front of DC and other officials on CAB



Orientation of CSOs on COVID communication



# संपर्क

## GLIMPSES



Facilitation for the good work on Republic Day



Community participation in vaccination



Celebration of 100cr vaccine dose



Folk activity to promote vaccination among tribals



Media coverage on the orientation of DPCs



Vaccination among children

## Annexure

# CASE STORIES

### A journey towards acceptance of COVID-19 vaccination in a hesitant village

This is the story about the journey of refusal to acceptance for COVID-19 vaccines in a tribal village of Noagaon (Sankodih) in the Kuchai block of Saraikela Kharsawan district. With a population of about 800, Noagaon village is situated 35 km away from Kuchai block and has a literacy rate of 58.5 % as per Census 2011.

The *Sahiyas*, *Sevikas*, ANMs along with health and district officials created awareness about COVID vaccines through printed IEC materials, door to door campaigns, community meetings, etc. in Noagaon and every other village of Kuchai Block. To protect the most vulnerable, a vaccine campaign was launched, which was eventually extended to the community. During the early phases of vaccination in the village, when people aged 60 years and above were being vaccinated, one of the older members was administered the vaccine having an old-age sickness. This eventually had a negative impact on the patient, and unfortunately, he died.

Due to the death of an elderly man after receiving the vaccine, the villagers were thrown into pandemonium. Despite thorough explanations about the effectiveness of vaccines from healthcare personnel and front-line workers, a misconception of the risk of death by the vaccine was prevalent among the locals. Villagers were hesitant to take the vaccine, and as a result, vaccination progressed at a snail's pace in the village.

Villagers' apprehension about vaccination following this occurrence had an adverse impact on the vaccination rate. It has been noticed that when one household refused to take the vaccine, the other community households were also reluctant. If a few of the villagers begin to take the vaccination, others will follow the suit.

Kuchai block had the lowest vaccination rate of all the blocks in the district. The causes for this were a lack of vaccination comprehension and a low priority for vaccines due to the poor economic situation in which people believe they must labour every day for food and income. In the face of the third wave of COVID-19, health officials decided to erase the villagers' vaccine nervousness because the vaccine is the only way to break the chain of COVID infection. To motivate people before vaccination through camps in panchayat and villages, health officials identified those hesitant places in the block and organised community meetings. In Noagaon hamlet, a community meeting attended by the Sarpanch, local influencers, Sahiyas, and Sevikas helped to dispel myths regarding COVID vaccinations. The following day, a vaccination camp was held in the village after influencers preached to the community about the importance of COVID-19 vaccination. The villagers responded positively to the meeting, so the sahiyas informed the health officials, and a vaccination camp was planned as a result. The highest vaccination rate in a single day was recently achieved in Noagaon village with about 100 vaccinations. Block-level officials like BDO and MOIC also went to the village's vaccination site to encourage people to come forward and take the vaccine. BDO even decided to administer a booster dose or third dose of the vaccine in front of the entire community to demonstrate that the vaccine is safe and that everyone should receive it to avoid any serious illness if infected with COVID-19.

While addressing the villagers, the health and district official stated that COVID vaccines are only a cure for COVID-19 and that if community members want their families to avoid such infections that will disrupt their daily life, they should take vaccines and encourage others to do so as well. Sahiyas and Sevikas were motivated to be strong enough to raise vaccine knowledge to attain 100% vaccination in their village, which would be a commendable achievement.

Soon after the rigorous campaigns, the village turned out to be 100% vaccinated and plans to take the second dose also. The story of Noagaon is an example of the hard work, devotion, and resilience of front-line workers. It also signifies how misinformation can be eliminated by proper communication and community engagement.

### **One Person led to achieving 100 per cent vaccination of the first dose**

Urmila Devi, a 27-year-old who belongs to the Shumla Self-help group, is an active woman who resides in the Barwan village of Chainpur, Palamu. She has four members in a family, agriculture being the prime source of livelihood. Urmila is very passionate about the upliftment of community through the SHG model, she has covered all the households to engage in SHGs, so far, she has made 56 SHGs in the panchayat and supports them in following of backbone principle of the 5 Sutra for the better functioning of SHGs institution. She was instrumental in a change in her village as she assisted many villagers in availing government entitlements. During the 2nd wave, COVID devastated the entire panchayat emotionally and mentally, the fear of death and uncertainty prevailed in the village, people were scared to move out, imposition of lockdown hampered the poor villagers to find work to earn their daily living. The crisis of the rural economy had directly impacted the villagers to seek employment opportunity opportunities and meet their daily needs.

When vaccination started, the block administration was very keen to vaccinate the 45 above age to fight against the COVID. To persuade, various key activities were conducted like viz, mass awareness was conducted in the village, SHGs and door to door campaign campaigns to reach the entire panchayat. However, during the first wave of COVID, many villagers suffered from cold, cough, fever and they instantly got a vaccination resulting in around 14 people were dead and it spread like a forest fire in the entire area, as a result, people did not turn up to take a second dose, the misconception and misbelief ruined the drive of vaccination process in the village.

As guided, in every area, a panchayat level taskforce committee was formed which includes all the functionaries from the panchayat level along with the JSLPS cadre, a convergence meeting was arranged in every panchayat to plan and execute the work of COVID and ensure 100% vaccination coverage, where each department was assigned certain targets to accomplish. Urmila Devi facilitated the process and coordinates the other departments to execute the work on COVID. Urmila Devi took the initiative to mobilize in her village through inter-personal communication.

The vaccination drives started in the village. Communication mediums like door-to-door campaigns and mass awareness in the platform of SHGs facilitated by Urmila and her team. Urmila prepared a list of eligible beneficiaries of her group and village organisation to get the vaccination and helped others to do the same. The first drive of vaccination was very successful and covered nearly the entire village. This is not just the story of Urmila, but hundreds and thousands of such one women army!







**Vaccine Saves Life!**



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