

संपर्क



Strengthened RCCE and COVID Vaccine Communication Interventions at the Districts in Jharkhand (A XISS-UNICEF Collaboration)



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- To create leaders with conscience, compassion, competence, and commitment for sustainable development and empowerment of the marginalised.

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This document is an outcome of the Sampark program (XISS-UNICEF collaboration) in the year 2022. The content in this report has been obtained or derived from sources believed by XISS to be reliable. We also clarify here that XISS does not claim the vaccination data as its own achievement or result of the intervention. The Sampark has supported the government and administration in the improvement of vaccination coverage. Therefore, we are just a part of this achievement.

Prelude

Effective communication plays a crucial role in any development intervention, particularly those that involve the community at large. In recent times, communication has become even more critical as we navigate through the COVID-19 pandemic. The use of Information, Education and Communication (IEC), Behavior Change Communication (BCC) and Social and Behavior Change Communication (SBCC) has been widely recognized as an effective strategy in promoting health and development programs.

The Sampark program was implemented through a partnership between XISS and UNICEF, which provided technical support to the district administration through the placement of skilled human resources. The SBCC DPCs were trained in communication strategies and were responsible for designing and implementing communication plans at the district level in coordination with the departments. The program also involved the use of mass media, interpersonal communication, and community engagement to disseminate information and promote behavior change.

Despite challenges, the program was successful in improving community knowledge and engagement in the supported health and development programs. The program also contributed to the development of a pool of trained communication professionals who can continue to support similar programs in the future.

This report provides a comprehensive view of the Sampark program in Jharkhand, its implementation and impact, and the challenges faced. Overall, this report highlights the critical role of effective communication in promoting health and development programs and the need for continued investment in communication strategies in the context of community-based interventions.

Foreword

We are living in the post-COVID era. The deadly virus and the unprecedented situation have taught us so much. Human lives have learnt to live with the virus, obviously, with precaution and safety. There was a time when the vaccines were made available for the entire eligible population, but the resources and proper communication mechanisms were not convincing. In some areas and communities, the hesitancy and the misinformation around the vaccine had made the task even more challenging.

I have seen and noted how the Sampark program, which is a collaboration of XISS and UNICEF, has made a difference in the field. The continued support and guidance at each level have pulled things in favour of the people of Jharkhand. Like the last phase, this phase has also been able to touch the targets with improved results and outputs. The vigour, dedication, and absorption of each of the team members have really been rewarding.

The second phase of the Sampark was not only focused on the COVID Vaccination promotion, but it also leveraged the opportunity to support other important programs and flagship schemes of the Government of India. One such is the Jal Jeevan Mission along with the health programs, like Intensified Mission Indradhanush, Measles and Rubella Campaign, and SAAMAR Abhiyaan and so on. I am certain that the support and coordination of our Social and Behavior Change Communication- District Project Coordinators (SBCC DPCs) in the districts have effectively been realised.

I really 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 the cohort of 14 young SBCC DPCs. I would also like to thank Dr Pradeep Kerketta SJ, Assistant Director, Fr Claber Minj, Finance Officer, Prof Amar Eron Tigga, Dean Academics, and UNICEF Jharkhand, for their encouragement, guidance, and time to the programme. Listening to them during their periodical sharing has been very poignant and touching.

The present report shares glimpses of the enriching experiences and results of this support. I appreciate and congratulate Dr Anant Kumar and his team not only for the objective accomplished but for the passion they showed towards the people and state.

May the good intentions and interventions continue!

Dr Joseph Marianus Kujur, SJ
Director, XISS

Acknowledgement

First of all, we are grateful to the officials of the National Health Mission, Jharkhand and Dr Kaninika Mitra, Chief of Field Office, Jharkhand for the pro-active support and encouragement in implementing this project. We sincerely thank the Deputy Commissioners of the 14 program districts for their constant support and guidance to our SBCC-DPCs. Without their support and leadership, achieving the desired vaccination coverage, Jal Jeevan Mission (JJM) and RMNCH+A program objectives would not have been possible. We would also like to thank and acknowledge the support provided by Deputy Development Commissioners (DDCs), Civil Surgeon (CSs), District Program Managers (DPMs), District Program Coordinators (DPCs), Medical Officer-in-Charge (MOICs), Block Program Managers (BPMs), Executive Engineers, District WASH coordinators 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, Mrs Parul Sharma, the then OIC-CFO, Mr Danish Khan, SBCC Specialist, Dr Rahul Kapse, Health Specialist, Dr Vanesh Mathur, Health Officer, Mr Kumar Premchand, WASH Specialist, Mr Nawaz Noor, UN Volunteer, Mrs Tulika Jha, Consultant and the entire team for understanding and positively reacting to the need of the hour 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 flagship programs and vaccination coverage in the state.

I am thankful to Dr Joseph Marianus Kujur, SJ, Director, XISS for his constant support and guidance to the program team. I am also thankful to Prof Amar E. Tigga (Dean Academics, XISS) and Fr Claber Minj, SJ (Finance Officer, XISS), for their support and time in the successful implementation of the program. Special thanks to Mr Aditya Raj, State Project Coordinator, for the project's successful management, implementation, and coordination. I also thank Mr Harsh Vardhan, the Documentation Officer of the programme.

I would like to appreciate and acknowledge my team's effort at districts, the 14 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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Abbreviations

BCC	Behavior Change Communication
BLTF	Block Level Task Force
BPM	Block Project Manager
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
DLTF	District-Level Task Force
FBO	Faith-Based Organisation
FLW	Front Line Worker
FGD	Focus Group Discussion
FHTC	Functional Household Tap Connection
HCW	Health Care Worker
IEC	Information Education and Communication
IMI	Intensified Mission Indra Dhanush 4.0
JSLPS	Jharkhand State Livelihood Promotion Society
JJM	Jal Jeevan Mission
MOIC	Medical Officer-in-Charge
NGO	Non-Governmental Organisation
PVTG	Primitive Vulnerable Tribal Group
RCCE	Risk Communication and Community Engagement
RMNCH+A	Reproductive Maternal New-born Child and Adolescent
RI	Routine Immunization
SBCC	Social and Behavior Change Communication
SHG	Self Help Group
UNICEF	United Nations Children's Fund
VHSND	Village Health Sanitation and Nutrition Day
XISS	Xavier Institute of Social Service

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Messages of the District Officials



"The District Social Behavior Change Communication Coordinator (SBCC-DPC) has played an efficient and motivating role under SAMPARK (XISS-UNICEF) project to implement effectively the COVID Appropriate Behavior and Vaccination in the Palamu district. In the absence of their unprecedented cooperation, it would not have been possible to complete the successful COVID-19 vaccination campaign. I appreciate the wonderful contribution of Md Tabrez & XISS for providing us with technical support and execution of the COVID drive. As SBCC-DPC provided a valuable contribution to achieving the vaccination target through a proper plan and strategy to achieve 100% vaccination. I am glad that like Sampark Phase-I Sampark Phase-II has done a commendable work."

Shri Anjaneyulu Dodde, I.A.S.
Deputy Commissioner, Palamu



"UNICEF collaborated with XISS young professionals on SBCC campaigns to promote COVID appropriate behavior and to reduce vaccine hesitancy in the district. As part of the effort, the communication plan was developed for the district which included advocacy, community meetings, participatory activities, capacity building of frontline, health workers and NGOs, Advocacy of influencers, rallies, nukkad natak, miking and door-to-door awareness which were implemented with the support from District and block level officers, and development partners functional in different areas of the district. Continuous monitoring, analysis, and guidance by SBCC-DPC towards vaccination campaigns in target areas supported the district in its COVID vaccination achievement in the Jharkhand state.

Additionally, SBCC-DPC assisted Jal Jeevan Mission in bridging the gaps in community meetings, orientation, and the services provided by the program to the population. This program has helped the district prioritize integrated safe water planning, behavior modification, community involvement, and water complaints grievance cell monitoring. SBCC-DPC also played an important role in initiating the call centre for grievance redressal, coordinated with CSR partner for mobile medical services, and initiation of Garima Kendra in the district."

Shri. Ananya Mittal, I.A.S.
Deputy Commissioner, W. Singhbhum



"The Project Sampark (XISS-UNICEF Project), which has proven to be a huge support for the District Administration, especially during the tough times of COVID (second wave) from June 2021, deserves my sincere gratitude and admiration. The Social and Behavior Change Communication - District Project Coordinator - Ms. Debanjally Mondal has been providing support to the District Administration in the areas of COVID-19, RMNCH+A, Jal Jeevan Mission, Swachh Bharat Mission (Grameen), Poshan Maah and Menstrual Hygiene Management initiatives. Her assistance with all these programs has improved the planning, execution, implementation, monitoring and evaluation at the district level. She has also supported the administration during the Shrawani Mela in promoting Menstrual hygiene for the female Kawariya by providing sanitary napkins in coordination with the Department of Health, Women and Child Welfare and related Civil Society Organizations.

I take this opportunity to applaud the efforts the XISS and UNICEF team put out in developing and successfully implementing this project through their expertise, knowledge and experience. I also appreciate Ms Debanjally for her coordination and management skills; her association with the District Administration has been beneficial."

Shri Manjunath Bhajantri, I.A.S.
Deputy Commissioner, Deoghar



"SBCC-DPC under Project SAMPARK-II performed a commendable job. No matter if it is COVID Vaccination, JJM or other activities. Apart from his responsibilities he was involved in NHM programs, DMFT and many more and his efforts apart from his responsibilities are commendable."

Md. Abu Imran, I.A.S.
Deputy Commissioner, Chatra



"With great pleasure, I want to express that Mr Vivek Kumar Singh, SBCC - DPC deputed by XISS-UNICEF has been instrumental in speeding up COVID vaccination in the district. He has been supporting the health and PHED department in particular and the district administration in general in implementing the programmes components. He had supported in collaboration with the line departments, PRIs, NGOs, and CSOs to ensure the seamless delivery of health services, social security benefits and other schemes of the government to the

beneficiaries. It is always a pleasure to work with such enthusiastic professionals with great energy who are always ready to take up challenging tasks and strive to deliver them timely."

Shri Naman Priyesh Lakra, I.A.S.
Deputy Commissioner, Giridih

"SBCC-DPC under the project SAMPARK- II was deputed at Chatra with the responsibility to support the District Administration in Health and Jal Jeevan Mission. He has done a commendable job with his innovations and efforts, and he also got commendable results no matter if it is Kunda or any other or any other hesitant pocket of Chatra. Apart from this, he supported District Administration in CHC monitoring, DMFT, NHM recruitment, PHED recruitment and many more. Looking forward to working more with SBCC-DPC."

Shri Utkarsh Kumar Gupta, I.A.S.
Deputy Development Commissioner, Chatra

"With great pleasure, I thank Gaurav Kumar, SBCC-DPC deputed by XISS-UNICEF. He has been instrumental in speeding up COVID-19 vaccination in the district. He has been supporting the health and PHED department and the district administration in implementing the program components. He supported in collaboration with the PRIs, NGOs, CSOs for the smooth delivery of health services to the public, social security benefits and other schemes of the government to the beneficiaries."

Shri Prabhat Kumar Bardiya (J.A.S.)
Deputy Development Commissioner, Sahibganj

"Sampark's SBCC-DPC performed a commendable job, and his efforts are commendable too about mobilizing the hesitant group whether it is Kunda or any block or pocket-which all had the fear from the COVID Vaccine. His efforts resulted in a positive manner. Apart from his own tasks he also supported us in NHM Recruitment, IDSP, various departments and various programmes."

Dr. Shyam Nandan Singh
Civil Surgeon, Chatra

"UNICEF partnered with the XISS Young Professionals team on SBCC campaigns to promote COVID-19 prevention behaviors and to reduce vaccine hesitancy within a district. As one part of that effort, school-wise vaccination camp and orientation of BEEO, the headmaster of the school, and Teachers were planned for the district. It also includes community meetings, participatory activities, traditional media group performances, rallies, talk shows, miking announcements, roadshows, and home visits on COVID vaccination and COVID Appropriate Behavior. 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 to follow COVID Appropriate Behavior."

Dr. Bacha Singh Prasad,
Civil Surgeon, Dumka

"Palamu district has been working hard to cover the vaccination for all age groups. In the initial phase, the vaccination coverage of the 15-17 age groups was slow in the district. After having a review meeting with all the departments at the district level, it was decided to assign the task to District COVID Control Room to prepare the plan and also execute it in the district for an optimum result. In this direction, XISS-UNICEF DPC has taken the lead, coordinated with the line departments & given us all the required technical support to achieve the vaccination target. We are happy to be associated with XISS-UNICEF & appreciate the initiative taken by their team."

Dr Vijay Kumar Singh,
Civil Surgeon, Palamu

"The SBCC-DPC has been a key support to the Health Department and District Health Society Simdega in analyzing, planning, strategizing, and implementing the District Action Plan for COVID -19 vaccination. I have consistently observed her leadership skills, deep commitment to taking responsibility, executing tasks, bringing solutions that can be implemented on a big scale, confidently presenting her ideas and driving the meetings. Her support during the district and block level task force meetings, Healthcare workers and Frontline workers capacity building under my guidance was very helpful to the Health Department. The UNICEF Jharkhand team's partnership with Xavier Institute of Social Service on this social development initiative is well acknowledged and appreciated by the Health Department and District Health Society Simdega.

I am sure Anushree Alok Gupta will bring the same dedication and do great in all her future endeavours. It was a pleasure to work with the XISS-UNICEF team. I wish all the very best to her and the team."

Dr Nawal Kumar
Civil Surgeon, Simdega

"In order to mobilise the community of vaccine sceptics, Project Sampark's SBCC-DPC accomplished an admirable job. The communication plan shared by him had a favourable effect. Additionally, he assisted the district with IMI 4.0, Regular Immunisation and PLA meetings. We anticipate continued assistance for him with the same degree of dedication and commitment."

Dr Dinesh Kumar
Civil Surgeon, Latehar

"The SBCC-DPC deputed here has performed a commendable job and in addition to his extensive understanding and command of project management techniques, he stands out among the professionals for his ability to lead and inspire effective teams that are goal-oriented. The Chance we got to collaborate was greatly successful. Sampark, the Joint collaboration of XISS-UNICEF project has significantly aided the COVID and NHM programme."

Dr Anil Kumar
Civil Surgeon, Garhwa

"I am grateful to Project Sampark (XISS-UNICEF project) for the technical support provided to the health department during the tiring time of COVID vaccination and before that in 2nd wave. The SBCC-DPC has assisted the health department in the areas of COVID-19 and RMNCH+A. His support has proved Social and Behavioral Change Communication is an important component for the success of any government initiative. It plays a vital role in changing the perception of an individual and aims to empower individuals and communities to follow positive practices. XISS SBCC-DPC's efforts and assistance in promoting IEC and BCC to the grass root level are well acknowledged. We expect more involvement from his side in the Jal Jeevan Mission and other Drinking Water and Sanitation Division programs."

Executive Engineer
D.W.&S. Division, Latehar

Highlights of the Program

Impactful presence in 14 districts of Jharkhand through skilled and experienced development professionals

Technical support in designing and formulating communication and awareness programmes

Support in reaching hard-to-reach areas and vulnerable population groups

Supported in better and effective implementation of IEC materials in all 14 districts

Supported in flagship programs of state and central government on vaccination promotion, Jal Jeevan Mission, and health programs

Prepared and implemented 14 districts specific COVID, Jal Jeevan Mission and health communication plans

Facilitated capacity building of functionaries and stakeholders at the block and district levels

Suggested focussed strategy for school going children vaccination in districts

Supported in micro planning for vaccination and effective monitoring in all 14 districts

Supported in Intensified Mission Indradhanush 4.0 implementation and monitoring

Strengthened the collaboration between administration, line departments, and CSOs in the some districts

Prepared Case stories, field stories, and documentation for the districts

Background

RCCE and SBCC: An Introduction

RCCE, or Risk Communication and Community Engagement, was a critical aspect of the public health response to COVID-19. RCCE involved providing clear, accurate, and timely information to the public about the risks associated with the disease, as well as strategies for prevention and control. This included information on symptoms, transmission, testing, and treatment, as well as guidance on social distancing, mask-wearing, and other measures to reduce the spread of the virus.

It was observed that Risk Communication and Community Engagement (RCCE) played a critical role in the response to the COVID-19 pandemic. The role played by RCCE during COVID-19 was multifaceted and involved several key elements.

RCCE helped to provide accurate, timely and relevant information about the virus and its transmission, symptoms, and ways to prevent infection. This information was critical for the public to understand the risks associated with the virus and to take appropriate measures to protect themselves and others. RCCE assisted to build trust and credibility between the public and health authorities. This was important as mistrust and misinformation could have undermined the efforts to control the spread of the virus and resulted in negative health outcomes. Further, RCCE helped to mobilize communities to participate in the response to the pandemic. This included encouraging people to adopt healthy behaviors, such as wearing masks, practising hand hygiene, and following physical distancing guidelines. It also involved engaging communities in the distribution of information, providing them with resources, and building their capacity to respond to the pandemic. Also, it helped to reduce the stigma and discrimination associated with the virus. This was critical as people who were infected with COVID-19 or who were perceived to be infected faced stigma and discrimination, which could have negative impacts on their health and well-being.

On other hand, SBCC, or Social and Behavior Change Communication, is a strategy used to influence the attitudes, beliefs, and behaviors of individuals and communities to promote health and well-being. In the context of COVID-19, SBCC was used to promote behaviors that reduced the spread of the virus, such as wearing masks, practising good hand hygiene, and getting vaccinated. It was also used to address misinformation and disinformation about the virus and its origins, and to promote positive attitudes towards vaccination and other preventive measures.

SBCC adopts the conceptual framework from the Socio-Ecological Model (SEM), the underlying principle of which is that individual behavior is influenced by different levels of society that can facilitate or obstruct the desired change (fig 1).

The socio-ecological model of communication takes a systems approach to analysis rather than a reductionist approach, meaning that it describes the complexity, interrelatedness, and wholeness of the components of a complex adaptive system rather than just one component in isolation from the system in which it is embedded. The two key system features of the socio-ecological model of communication and behavior change are the assumption of embeddedness, a state in which one system is nested in a hierarchy of other systems at different levels of analysis, and emergence, in which the system at each level is “greater than the sum of its parts.”

The socio-ecological model of communication is a meta-model or meta-theory in the sense that each level shown in the model encompasses theories of change for that level. Thus, the ideational model of communication and behavior change fits within the individual level; interpersonal relationship theory and bounded normative influence theory fit within the social network level; the communication for participatory development model applies to the community level, and theories of mass media effects fit within the societal level. The main contribution of the ecology model is to emphasize how higher levels facilitate or constrain change at lower levels of analysis, suggesting that interventions for planned change should address all four levels to be effective, depending on the nature of the challenges a program addresses. Most programs operate within more than one level; some programs must operate in all four to achieve meaningful change at the population level.

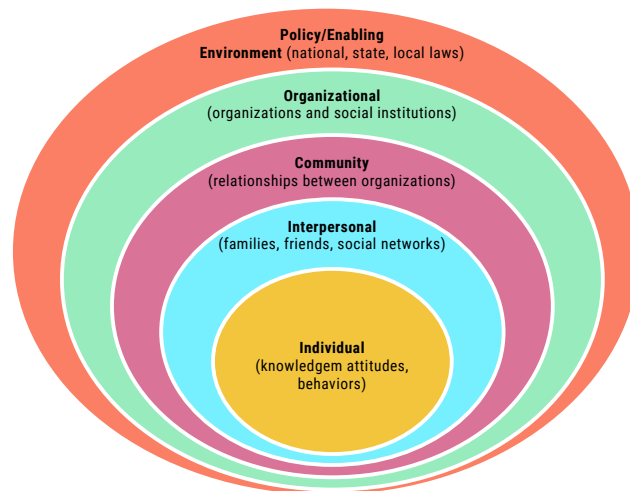


Fig 1: Socio-ecological model

One of the primary advantages of a socio-ecological approach is that many of the sources of resistance to change at one level can be found in obstacles that exist not only at that level but also at higher levels of analysis. Communication programs for behavior change—in the past, often defined at the individual level alone—are less effective than they should be because the program ignores obstacles to change in the systems in which individuals are embedded. Those individuals often cannot ignore the constraints that exist in their social networks, communities, institutions, and the larger society.

SBCC uses three strategies



Fig 2: Strategies used in SBCC

Why SBCC is important?

Social and behavior change communication plays a critical role in addressing all the behavior and social aspects of disease prevention and control. SBCC can:

- Provide accurate, clear, relevant, and timely information to the public
- Identify and address myths and misconceptions that may lead to detrimental practices
- Maintain public trust
- Prepare communities for emergency response actions
- Reassure the public

In COVID-19 context, both RCCE and SBCC were essential for controlling the spread and protecting public health. Effective communication and engagement with communities helped to build trust and support for public health measures and encouraged individuals to take the necessary steps to protect themselves and others.

In addition to providing information and promoting specific behaviors, RCCE and SBCC also involved actively listening to and engaging with communities. This meant understanding the needs, concerns, and perspectives of different groups, and addressing any barriers or challenges that may have prevented individuals from adopting healthy behaviors.

For example, RCCE and SBCC strategies were tailored to different cultures, vernacular languages, and socio-economic groups to ensure that information was accessible and relevant. Additionally, RCCE and SBCC addressed issues of mistrust and misinformation among the tribal groups, which were particularly challenging in the context of COVID-19. Misinformation and disinformation about the virus, its origins, and preventive measures were widespread, and addressing this effectively required a multi-faceted approach that included fact-checking, providing accurate information, and addressing the underlying causes of misinformation, such as mistrust and lack of access to accurate information.

Another important aspect of RCCE and SBCC was the use of various communication channels to reach different audiences. This included traditional media (e.g., television, radio, newspapers), digital and social media, community meetings, and other in-person events within the focussed group.

Overall, RCCE and SBCC were essential for managing and controlling the spread of COVID-19, by providing accurate information, promoting healthy behaviors and addressing the barriers and challenges that prevented individuals and communities from adopting them.

In context of the Jharkhand state

Jharkhand is a state located in north-eastern India. The state has a population of around 33 million people (Census of India, 2011) and is known for its mineral resources and rich cultural heritage. From a healthcare perspective, Jharkhand has a shortage of healthcare facilities and trained healthcare professionals. As per the Rural Health Statistics (RHS), 2019-2020 Jharkhand has 3848 Sub Centre's (SC), 291 community health centers (CHC) in rural and 60 in urban areas and 171 primary health centers (PHC) in rural and 6 in urban areas. According to a report of The Indian Express (2020), Jharkhand has only six doctors per lakh population and 85 per cent of its specialist doctor posts are lying vacant.

The state has also been facing challenges in vaccine administration, with a low vaccination rate compared to other states in India. The government has set up vaccination centres across the state and has been working to increase the number of doses available for vaccination.

However, the state has struggled to effectively implement these measures due to a lack of resources and infrastructure. Moreover, vaccine hesitancy among the population has also been a concern, with some people reluctant to take the vaccine due to misinformation and a lack of trust in the healthcare system.

Therefore, in the context of Jharkhand state, RCCE and SBCC were critical for managing and controlling the spread of COVID-19. The state health department, in collaboration with other government departments and non-governmental organizations, implemented several strategies to provide accurate and timely information to the public about the risks associated with the disease, as well as strategies for prevention and control.

For example, the state health department initiated widespread awareness campaigns to educate the public about the symptoms of COVID-19, the importance of testing, and the measures that individuals could take to protect themselves and others. These campaigns used a variety of communication channels, such as television and radio broadcasts, social media, and community meetings, to reach different audiences and ensure that information was accessible and relevant to all. Proper consideration was given to the illiterate population, hard-to-reach areas, and communities of high importance like tribals, PVTGs etc. Through '*Har Ghar Dastak*', an effort was made to reach every household with vaccines.

In addition, the state health department also used SBCC strategies to promote healthy behaviors, such as mask-wearing, hand hygiene, and physical distancing. These strategies were tailored to different cultural and socioeconomic groups and were designed to address the specific barriers and challenges that individuals and communities in Jharkhand state may have faced. The department also established hotlines, mobile clinics, and community health workers to provide information and support to people in remote and hard-to-reach areas, and to address any misinformation or distrust that may have existed.

Another important aspect of RCCE and SBCC in Jharkhand state was the use of local leaders and influencers to promote healthy behaviors and encourage vaccine uptake. Community leaders, religious leaders, and other trusted individuals were engaged to help convey accurate information about COVID-19 and the importance of vaccination. This helped to overcome any mistrust or scepticism that may have existed and encouraged people to get vaccinated.

In addition, the state health department also engaged with the media to ensure that accurate information about COVID-19 was being disseminated to the public. This included working with local newspapers, television, and radio stations to provide accurate and timely information about the disease and its spread.

To understand the impact of their RCCE and SBCC activities, the state health department also conducted regular follow-ups and reviews of the programs. This helped them to identify areas where their efforts were most effective, and where they needed to adjust better to reach their target populations.

The state health department also formed multidisciplinary teams to provide support to the communities during the pandemic. These teams consisted of healthcare professionals, social,

and essential services to people in quarantine and isolation, as well as to their workers, and volunteers from the community. They were responsible for providing information and supporting families.

In order to ensure that the RCCE and SBCC strategies were effective and responsive to the evolving situation, the state health department also engaged in regular coordination and collaboration with other government agencies, as well as with non-governmental organizations and community-based organizations. This helped to ensure that the efforts were aligned and that information was shared effectively across different sectors and organizations. *Mission Kartavya* was the campaign launched to further strengthen the GO-CSO coordination in preparation for the projected waves.

Overall, the RCCE and SBCC strategies implemented in Jharkhand state were comprehensive and multi-faceted and included a wide range of activities to educate and engage the public, promote healthy behaviors, and overcome any mistrust or scepticisms that existed. These efforts helped to manage and control the spread of COVID-19 and protect public health in the state.

Sampark Program

Xavier Institute of Social Service (XISS) partnered with UNICEF, Jharkhand during the peak of the COVID crisis when the vaccination drive had just begun by the government, however, it was not resulting in a positive direction due to various myths, misconceptions and trust deficit around the vaccine. Also, the central and state government was formulating many policies and guidelines for the mitigation of risk and promotion of vaccine for the people. Despite the efforts, due to the unavailability of skilled support at the district level on communication planning and implementation, the desired execution was not able to achieve most of the time.

XISS and UNICEF decided to support the district administrations in 21 districts of the state to fill this gap. The 8-month partnership (June 10 2021- Feb 9, 2022) provided technical support to the district administrations through the district social mobilization coordinators of XISS. The skilled and technically skilled district coordinators were placed under the DCs of the districts; the letter by the ACS Health, Govt of Jharkhand to all the DCs further cemented the collaborative effort. The coordinators initiated the SBCC planning by promoting CAB and vaccine promotion to minimize the effects of COVID-19 second wave in the state. The 21 SBCC DPCs deputed in the 21 districts of the DPCs played a significant role in advocacy, planning and execution, coordination, and documentation.

Sampark-II

Considering the significant improvement in the first phase of the programme, UNICEF, NHM and XISS reviewed the status of the districts and the prevailing pandemic situation, the need was felt to continue the intervention. By that time, the government had also opened the vaccination umbrella to include the 12-14 and 15-17 age group populations. The booster dose of 18+ populations, HCWs, FLWs etc. were also allowed. The COVID-19 virus kept on mutating and the risk of another wave was haunting.

Also, as the restrictions were easing, post covid programs were considered to take along in the program. The phase two started with wider objectives and targets in 14 low-performing districts of the state. It included the flagship program of Govt of India- Jal Jeevan Mission and the health programs under the RMNCH+A along with the COVID-19 vaccination. The second phase further strengthened the SBCC at the district level. With more targets and extended programs, in the program period, the SBCC coordinators played an imperative and effective role in designing the district-specific communication plans, and implementation strategies, deepening the coordination among the line departments, supportive supervision and documentation.

Sampark (Phase II) was rolled out on February 10, 2022, for eleven months till December 31, 2022. The program was focused on 14 districts of Jharkhand to achieve certain performance indicators while supporting administrations.

Recognizing that COVID vaccination, JJM and RMNCH+A are essential for health and hygiene, the program attempted to achieve the following objectives:

- To strengthen the SBCC capacities in interventional districts in COVID communication, JJM and RMNCH+A.
- To support the administration in managing the COVID vaccine program with maximum efficiency and timely.

- Coordinating with other line departments, thus acting as a channel between the departments in bringing out the synergy.
- To periodically propose innovative ideas and methods to increase vaccine coverage.
- To use data analytically and develop focused approaches to improve the situation.
- To strengthen the existing reporting mechanisms at the district level.
- To document the best practices from the field.

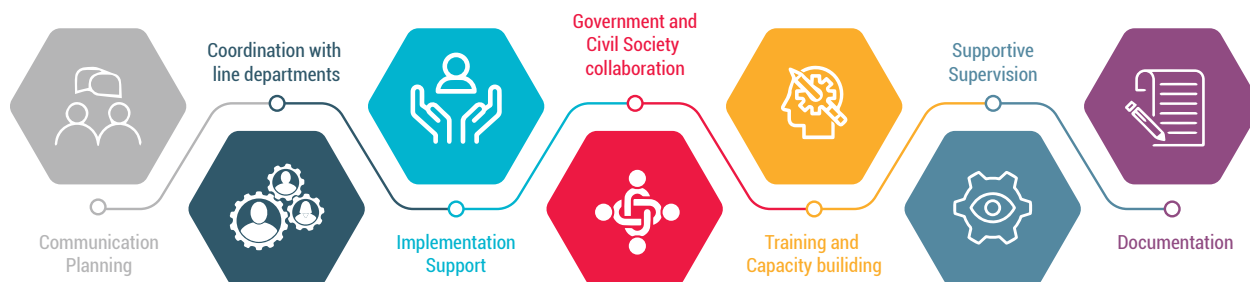


Fig 3: Pillars of Sampark II

Thrust areas of Sampark-II



Fig 4: Thrust areas of Sampark II

The phase II of Sampark program focussed on three thrust areas. While comprehensive vaccination coverage against COVID-19 has been the priority, it also supported 'Jal Jeevan Mission' the flagship program of the Government of India.

Jal Jeevan Mission is envisioned to provide safe and adequate drinking water through individual household tap connections by 2024 to all households in rural India. The Jal Jeevan Mission is based on a community approach to water usage and includes extensive Information, Education, and communication as a key component of the mission.

RMNCH+A Strategy is unique as it recognises the fact that maternal and child health cannot be improved in isolation and need to be effectively weaved with adolescent, family planning and nutrition-based interventions. The 'Plus' within the strategy focused on a continuum of care with linkages between the interventions targeted at various stages of the life cycle from new-born to reproductive age, with a focus on adolescence as a distinct life stage.

The outputs and targets of the program are SMART (Specific, Measurable, Achievable, Realistic and Time-bound). Considering the importance of the situation and role of SBCC in the programs of welfare, the result framework was prepared to meet the goals through communication plans, dissemination of wider messages to the intended target population, capacity building of stakeholders (direct or indirect), improved vaccination coverage throughout the eligible groups, strengthening the planning and monitoring of RMNCH+A and JJM activities through SBCC approach. It is all intended to support the administrations and department concerns in meeting their targets through developing a sustained behavior change.

As this is the second phase of the partnership, the first phase was focused specifically on COVID-19. The promotion of CAB and the promotion of vaccines were the core areas of support.

Box 1 outlines the objective and content of the previous reports.

BOX 1: Brief Outline of the first phase of Sampark report

- Sampark program's first phase report was prepared and submitted in 2021, documenting the technical support SBCC-DPCs have extended to the district administration.
- Impactful presence in 21 out of 24 districts of the state (excluding W. Singhbhum, Giridih and Ranchi). SBCC-DPCs directly worked with Deputy Commissioners and Civil Surgeons.
- Some of the key highlights and outcomes of the first phase are as follows:
 - ✦ A multi-sectoral district-specific communication plan for all 21 districts was prepared and implemented.
 - ✦ Identification and listing of orphaned children because of COVID outbreak.
 - ✦ Strengthened coordination among the departments.
 - ✦ Coordinated of events and programs like Mission Kartavya, Gram Samvad and Har Ghar Dastak-I.
 - ✦ Reduced cases of data pendency in the districts.
 - ✦ Micro-level data management
- Despite the initial challenges and roadblocks, the program delivered to its capacity and expectations.

Our Impactful Presence

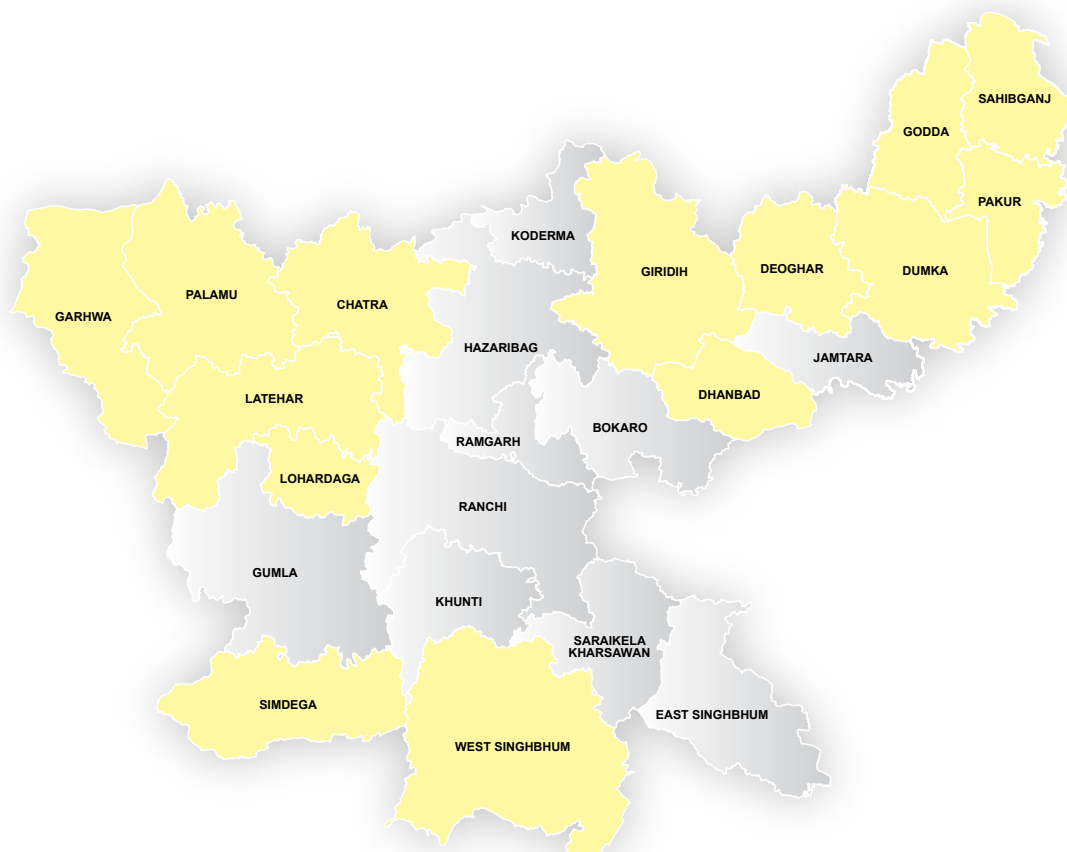


Fig 5: Interventional Map of Jharkhand state

The Sampark program covered 14 districts out of 24 as shown (in yellow). The districts are Garhwa, Palamu, Latehar from Palamu division; Chatra, Giridih and Dhanbad from the North Chotanagpur division; Lohardaga and Simdega from the South Chotanagpur division; Deoghar, Dumka, Pakur, Palamu, Godda, Sahibganj from Santhal Pargana division and W. Singhbhum from the Kolhan division. The districts were selected on the following parameters:

- Low vaccinated districts compared to the state average.
- Tribal populated districts
- Districts with the most hard-to-reach areas and Left-wing extremism.

The Sampark II followed the same implementation process as it adopted in the first intervention, but with effective control. After the signing of agreement, a detailed and rigorous recruitment selection was carried out. In this, the SBCC DPCs who worked well in the first phase was given preference. After the selection process, a comprehensive orientation and induction process took place where the cohort was oriented on the SBCC, COVID-19 vaccination, Jal Jeevan Mission and RMNCH+A. Alongside, the letters and communication was done with the district administration. The programme then move forward to the interventions/activities led by the SBCC DPCs wherein, the DPCs re-established the rapport with the district officials, communication plans development, support in capacity building, monitoring and documentation at the district

level. At the state level, the State Project Coordinator and the project team continuously followed up with the coordinators. Weekly/monthly meetings, progress track and performance reviews were carried out. Proper feedback was given to the DPCs for improvement, effective delivery of work and efficiency. Monthly and quarterly reports were prepared and shared with the UNICEF team.

COVID-19 vaccination	Jal Jeevan Mission	RMNCH+A
<ul style="list-style-type: none"> • Micro planning • Supportive supervision • Supported in government initiatives- Har Ghar Dastak and Teeka Maha-abhiyaan • Gap analysis • Innovations to promote vaccination • School children education • Advocacy • Coordination among different line department 	<ul style="list-style-type: none"> • Swachhta Hi Seva- planning and orientation • Workshops- Support in organizing workshops on Grey water management • ODF Plus- supported in assessment • WQMIS- supported in registration of Jal Sahiyas • Menstrual Hygiene Management 	<ul style="list-style-type: none"> • IMI 4.0- planning and monitoring • SAAMAR Abhiyaan - orientation • VHSND - monitoring and review • Anaemia Mukta Bharat - micro planning • Measeles and Rubella Outbreak- planning, review and monitoring

Fig 6: Inter-sectoral contributions of the SBCC DPCs during the program

The above figure provides a glimpse of inter-sectoral contributions and support, the SBCC DPCs have provided to the administrations during the program period. Though COVID-19 vaccination was the focus of the program, substantial support has been made by the DPCs across the domain like capacity building, monitoring, review, data management, planning and so on. This all-concentrated effort has brought meaningful direction in the district activity management and implementation.

Our Support and Efforts

Xavier Institute of Social Service (XISS) has played a significant and crucial role in supporting the district administration in improving COVID-19 vaccination, Jal Jeevan Mission social mobilization activities, and other health program activities. This section discusses the various initiatives and efforts taken by XISS in the Sampark program for supporting the district administration.

✦ Placement of young professionals to districts as SBCC-DPCs

XISS has placed SBCC-DPCs in the district level as a support to the district administration in various communication activities of the government. These coordinators have provided the much-needed assistance to the district administration in the implementation of these programs. They have worked closely with the district authorities to identify the areas that need improvement and develop strategies to address them. XISS had placed 14 young professionals in the district which was continuously being monitored by the XISS state team.

❖ Guidance and Mentoring

One of the significant contributions of XISS was the continuous guidance and mentoring provided to the District Project Coordinators (DPCs) for effective implementation. The faculties associated with the program on a regular basis guide and mentor the DPCs. This included counselling, improving standards and working with low-performing coordinators.

❖ Capacity building and Cross-Learning Opportunities

XISS has also provided orientation and cross-learning opportunities to the DPCs to enhance their knowledge and skills. The DPCs have been trained on various aspects of the programs, including planning, implementation, monitoring, documentation, case writing, professional ethics, working with the government, etc. The training has been tailored to meet the specific needs of each district, and the DPCs have been given the necessary skills to carry out their responsibilities effectively. The cross-learning opportunities have enabled the DPCs to interact with their counterparts in other districts and learn from their experiences. This has helped the DPCs to identify best practices and adopt them in their own districts.

❖ Regular Review Meetings

XISS has conducted regular review meetings (weekly/quarterly/annually) to assess the progress of the programs and identify areas that need improvement. These meetings have been attended by the DPCs, led by the State Project Coordinator. The discussions have been focused on identifying the challenges faced by the DPCs and developing strategies to address them. The progress check meetings have ensured that the programs are implemented according to plan and have yielded the desired results.

XISS, in support of UNICEF, has given DPCs all other support like IEC materials and letters/guidance from states, etc. This has enabled the DPCs to carry out their responsibilities effectively and efficiently. The IEC materials have been used to raise awareness among the population about the importance of COVID-19 vaccination and other health programs. The letters from states have enabled the DPCs to interact with the state authorities and seek their support whenever necessary.

Results of the Support

The Sampark program having adopted a strategic and focussed approach in extending technical support to the district administrations in RCCE and SBCC interventions has resultant into measurable, effective and visible change at the district level. The 11-month-long program has delivered some meaningful intended outcomes and impact which is the result of inputs supplied. The figure below illustrated the change took place.

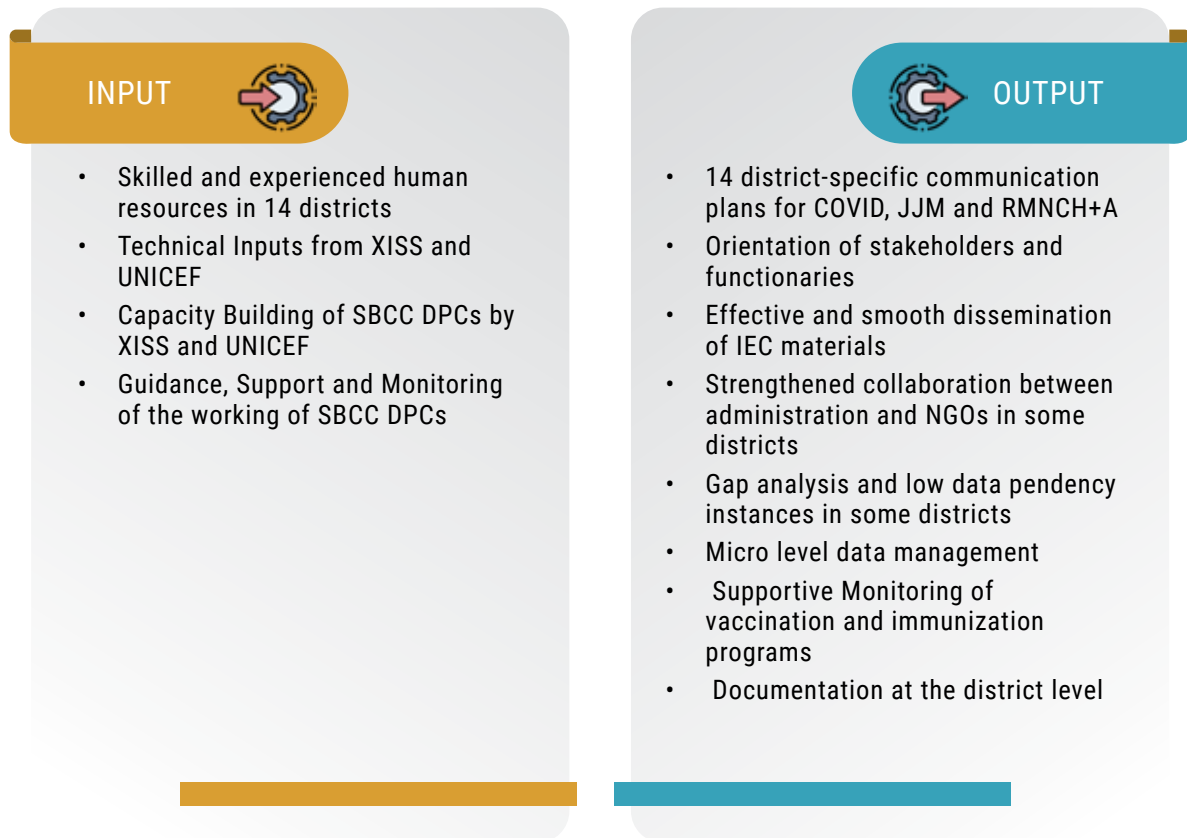


Fig 6: The Input and Output of Sampark II

The following described are the key outputs of the program. The SBCC-DPCs have played an imperative role in planning, coordinating, implementing, monitoring and documenting the significant work achievements in the district.

Data-driven strategy in the improvement of vaccination coverage

✦ Gap Analysis and reduction in data pendency instances of COVID vaccination

The SBCC-DPCs also worked on the analysis of the vaccination gap among age groups, gender, geographical location, and dose type. They also coordinated on data pendency cases by working with DDM, BDM, and data entry personnel thus ensuring low (or zero) instances of data pendency in the districts. The effort has shown progress as the pendency rate has gone down significantly. They also presented the data to DCs and CSs during the review meetings.

✦ **Micro-level data management of COVID vaccination and IMI 4.0**

The coordinators also managed the micro-level vaccination data of villages and panchayat levels which strategically 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.

✦ **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, school's vaccination, and covering all eligible populations under the vaccination drive were monitored by the coordinators.

Strengthened Social and Behavior Change interventions at the district level

✦ **Communication plans for COVID Vaccination, JJM and RMNCH+A in all 14 districts**

The SBCC-DPCs has prepared and implemented the district communication plans and strategy to communicate about the importance of COVID vaccination for all age groups. Also, communication plans containing IEC activity for JJM and SBM (G) phase II has been prepared and monitored the implementation process. District-specific communication plans for health programs under RMNCH+A have also been designed by the SBCC-DPC in coordination with health officials. The plans were approved by the respective DC/CS/Executive Engineers for its implementation and execution with the involvement of relevant stakeholders. All 14 districts had implemented at least two community engagements and one mid-media intervention under the plans in the district through the active leadership role of SBCC-DPCs.

✦ **Effective usage of IEC materials in the campaign**

The IEC materials generally in the districts are not displayed strategically or meaningfully. Sometimes, it was not even used properly. Here, the involvement and presence of SBCC DPCs brought a notable change in the utilization of IEC materials as it was put in prominent and important areas like haat bazar, session sites, healthcare centres, school etc. Also, the coordinators ensured that the prototypes sent from the state IEC cell to the district are printed and used accordingly.

Strengthened System in view of Social and Behavior Change

✦ **Strengthened coordination among the line departments**

In the program span, the coordinators tried to strengthen the inter coordination between the line departments through the implementation of a communication plan and other activities. The SBCC-DPCs were an active channel for the various vaccination and state-led program where NGOs in coordination with district administration played a significant role in promoting vaccination and sanitation in the district. To give instance, SBCC DPCs acted as a channel between the health department and the education department in various districts for increasing the vaccination among the school children in urban and rural areas.

✦ **Support in capacity building of district and block officials**

In the evolving scenario, up-to-date knowledge improves the implementation strategy and henceforth, results. The SBCC DPCs role were evident in this aspect as they supported and facilitated the organisation, conduct and knowledge management of the district and block level officials associated. In the training sessions and workshops conducted for covid vaccination of children, booster dose, Jal Jeevan Mission, IMI 4.0 and SAAMAR abhiyaan under the RMNCH+A, the role of SBCC DPCs were meaningful.

✦ **Re-orientation of functionaries and other stakeholders**

The SBCC DPCs played a significant role in organizing, coordinating, and imparting orientation programs for different groups from time to time. They supported the district panchayat level orientation and re-orientation of health functionaries and others. As the SBCC DPCs were master trainers after pursued training at the state-level training programs organised by UNICEF and government departments, they also imparted knowledge to the bottom. Functionaries like Sahiya's, ANMs, GNMs, AWWs, Jal Sahiya's and stakeholders like faith-based organisations, youth groups, SHG groups, PRIs etc were re-oriented on and off the field.

Challenges

Challenges are a part of any program. Likewise, implementation of the communication programme for COVID-19 vaccination, Jal Jeevan Mission and RMNCH+A activities in Jharkhand came with several challenges. Some of the key challenges are as under:

✦ Vaccine hesitancy, misinformation, and distrust

One of the biggest challenges of the COVID-19 vaccination was to ensure that the public is willing to receive the vaccine. Despite of several attempts to encounter the issue, in some places and in particular community/religion, concerns about vaccine safety, efficacy, and side effects had remained the challenge. In the programme, a significant attempt and effort was made to combat the misinformation and hesitancy prevailing in the community by initiating influencer engagement, public meetings by tribal/religious leaders, one-to-one interaction, folk activities and more.

✦ Resistance to change

The traditional practices and beliefs of the local population sometimes made it difficult to implement desired healthcare interventions or changes. Overcoming the practices and resistance to change was a significant challenge during the programme.

✦ Inadequate human resource

The healthcare system in Jharkhand was already stretched thin, and the COVID-19 pandemic put additional pressure on the healthcare workers. The limited number of healthcare workers made it difficult to implement the vaccination program in a comprehensive and efficient manner.

✦ Limited vaccine supply

The limited or reduced number of vaccines especially for 12-14 and 15-17 age groups made the uphill task of full vaccination in a limited time even more difficult. Due to this, the communication activities took a halt, session sites were reduced marginally. The current status of vaccination among children displays an unpleasant picture in most of the districts because of this reason.

Despite these challenges, we were able to implement effective strategies for overcoming these barriers and ensuring that the SBCC intervention was successful in supporting the district administration in their efforts to combat COVID-19 and improve healthcare outcomes in Jharkhand. Through close collaboration with local partners, effective communication and community engagement, and by leveraging technology and data, we were able to overcome these challenges and achieve our goals.

Opportunities

The COVID has made a return in the global world. In some parts of the world, the cases are rising drastically, here in India also few cases of new variant XBB. 1.5 has been reported. The need to be cautious and religiously follow the CAB must be reinforced. While the coverage has also been incomplete, the need to readily cover the entire population must be taken as a priority. The booster dose is something which needs to be promoted. The above road ahead lies in front of us. Secondly, the support to sectoral programs started in the programme needs to be continued.

Way Forward

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, vaccination improvement, 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 vaccination, Jal Jeevan Mission and health programs. The program has successfully achieved all the programmatic targets. The SBCC 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 3rd dose, 12-14 and 15-17 age group vaccination.

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Gallery



Team Sampark during the yearly review meet



SBCC-DPC during the Jal Jeevan Mission workshop



SBCC-DPC presenting in the DLTF meeting at Lohardaga



SBCC-DPC at the school during the Global Hand washing Day in Giridih



Community meeting for vaccination in the tribal pocket of Dumka



Orientation of Jal Sahiyas in Palamu



Supportive supervision of SBCC-DPC of session sites



SBCC-DPC holding district vaccination control room meeting at Palamu



SBCC-DPC leading the launch of vaccination campaign at Giridih



On field orientation of sahiyas to cover the hard-to-reach areas in W. Singhbhum



Orientation meeting of PRIs for vaccination coverage in the panchayats



Orientation on Inter-personal communication of functionaries

Stories of Change

The group of tribal girls in Dumka showed the resilience

To enhance the socio-economic empowerment of teenage girls and young women, the GoJ created the “Tejaswini Project.” This project aims to improve their skills and aid them in acquiring education, training, and employment so that they can join skilled labor in the developing economy. This project gives girls and young women economic, social, and political possibilities to improve their well-being.

In the Dumka district, there are around 4000 youth facilitators who are directed by ten youth Block coordinators and twenty cluster coordinators. In the district, over 380 Tejaswini groups are being founded, with over 3000 adolescent girls and young women involved.

The Tejaswini volunteers have played a critical role in reducing the risk of a pandemic in the tribal district, in addition to their established tasks and responsibilities. They have been actively aiding the District Administration in promoting awareness for COVID-appropriate behavior from the commencement of COVID-19 and its threatening waves in Dumka. They’ve also done an outstanding job pushing people to be vaccinated by mobilizing people door to door in the most difficult-to-reach and Naxal-affected areas. Community mobilization initiatives such as Nukkad-Nataks, rallies, and community meetings on COVID-19-related concerns, myths, and misconceptions have also been crucial weapons for Tejaswini warriors in their struggle against COVID-19 in Dumka’s remote areas.

Jhilimili village is part of the Pandanpahari Panchayat and is around 11 kilometers from the block headquarters. There are 345 people in the home. The community has a total population of roughly 850 people, with 466 people aged 18 and up. The village is dominated by tribal groups. Agriculture and animal husbandry are the people’s primary sources of income. Because of the village’s low literacy rate, there is a general lack of awareness among the residents.

Initially, when the Tejaswini members’ vaccination program had not begun mobilizing in this area, the first dosage of COVID-19 vaccination in Jhilimili village was only 42 percent, and the second dose was around 34 percent. Then a young member of the village’s Tejaswini club, Namita Soren, who was born and raised in Kathikund block’s Jhilimili village, took the initiative to mobilize the locals.

“I have always been an active citizen and a socially conscious village dweller.” In 2019, I joined the Tejaswini Project as the cluster coordinator for Jhilimili in Kathikund Block. I have been tasked with managing a cluster under the Tejaswini Project and overseeing the overall development of teenage girls and young women.”

“In my cluster, big sections are tribally ruled, and when immunization began, people were terrified and hesitant to take the vaccine.” To deal with the problem, I went door-to-door with my youth facilitators under the supervision of the District Administration to motivate people, make them aware of the genuine facts, and dispel their misconceptions about COVID-19” said Namita Soren.

“However, from the beginning of COVID-19, I have been actively involved in assisting the Dumka District Administration in combating COVID-19.” People were misled to a significant extent during the first part of the pandemic, and different myths and misconceptions were implanted in their

minds.” she added.

“We do not want to take the vaccine. It is just a government conspiracy that could lead to our death. We do not have any health problems; then why go for injections unnecessarily? I do not even believe in COVID, and neither do most of the people in my village,” said the 16-year-old Shubham from Dungri tola of Jhilimili Village when he was asked if his family had been vaccinated yet.



“We also held rallies in coordination with our cluster’s SHG members, and Nukkad Natak was played in the Akhras to encourage people to follow CAB and get vaccinated.” All of these activities were carried out in regional and local languages so that people could easily understand and grasp things.” As a result, we were able to convince over 2000 individuals from our cluster to be vaccinated, and our village, Jhilimili, became the first village in the entire district to get completely vaccinated for the first dosage of COVID-19 Vaccination.

“It was difficult to encourage people from tribal tribes; we faced several hurdles, such as a huge number of people who believed in superstition rather than public health services.” The other challenge was reaching the region’s most difficult areas, such as the hilly areas of Padanpahari Panchayat, where no vehicle could go, but we did not leave any stone unturned, we reached those areas and did various social mobilization activities for several days with the help of District Administration and local NGOs,” BPM Kathikund said.

“There have been significant hurdles, as well as several possibilities to contribute to the nation’s well-being.” Being a COVID-19 frontline worker has been a fantastic learning experience that is still ongoing,” said Namita Soren.

The real heroes of COVID vaccination

Rigri village is in Simdega subdivision of Simdega district in Jharkhand, India. It is situated 22km away from Simdega, which is both district & sub-district headquarters of Rigri village. As per 2009 stats, Pithra is the gram panchayat of Rigri village. The total geographical area of the village is 365 hectares. Rigri has a total population of 1,peopleples, out of which male population is 497 while female population is 515. The literacy rate of rigri village is 48.52% out of which 57.34% of males and 40.00% of females are literate. There are about 202 houses in Rigri village. Simdega is the nearest town to Rigri village for all major economic activities.

Ms. Teresa Bilung, a Sahiya Sathi from Rigri village of Pithra Panchayat, Simdega is regarded as one of the most hardworking and dedicated frontline workers of Simdega Block in Simdega district. She put up a lot of effort throughout the pandemic to allay community members’ concerns about COVID-19 and promote acceptance of COVID-19 vaccination. To recognise the urgent necessity and adopt appropriate behavior during this arduous period of survival, Ms. Teresa has spoken about her fight to change society’s behavior. She is so proud of the choices

she has made as a responsible COVID fighter; she has been gracious in sharing her experience.

With the launch of the COVID-19 vaccination, vaccine-related rumours and myths began to circulate, misinforming the public and making them unwilling to receive the vaccine. The most pervasive vaccine myth found among residents of Rigri village was that vaccination causes death within two years. The messages, images, and false news websites regarding vaccines that were going around on social media platforms like WhatsApp and spreading like wildfire in the neighbourhood were the origin of this delusion. Villagers claimed that Sahiyas would be held accountable for any vaccine-related deaths that occurred within the next two years.

People blamed sahiya for the death of an elderly lady who died two months after being vaccinated. Sahiya explained that they were the first people to receive the vaccination and that if death were to come, they would all die at the same time. Villagers responded by claiming that the government may have given them immunizations that were not distributed to the rest of the population. According to villager logic, one vile can provide vaccination to ten individuals, so all ten people should have died, but they didn't. Munda and mukhiya were summoned to address the situation and dispel their misunderstandings. According to Mukhiya, the old lady died not because of the vaccine, but as a result of her advanced age. Through the influence of the village's influencers, people began to understand the need for vaccination.

Schools required every kid in the 12- 15 and 15-17 age group to be vaccinated, and sahiyas were able to mobilise them since they were willing to receive the vaccine. Some families, on the other hand, refused to take the vaccine and so did not want their children to be vaccinated. Children were mobilized to get vaccinated by sahiyas, but their parents objected and abused sahiyas. There were also rumours that children might become infertile after receiving immunizations. If this occurs, Sahiyas shall be held liable. The negative side effects of vaccines were the most common reason for people refusing to be vaccinated. A man threatened to kill Sahiya if any of her family members died because of receiving the vaccine. Even their family members, according to Ms. Teresa, abused and resisted her job since their family members had to deal with community opposition. She stated that those who serve the people must encounter opposition and explained to the community why people are unable to see the benefits of vaccines, stating that vaccines can prevent infectious diseases. Only a few people are adversely affected by vaccines, which could be attributable to their weakened immune systems. There was another group of people whose families were experiencing negative side effects from vaccination, such as fever and headaches, as a result of which the villagers requested money for their recuperation and vegetables and rations because they were sick and their one-day earnings had been impacted. In such a case, Sahiyas advised them to take paracetamol and recover by investing their few days to rest at home. She stated that if a person is protected from serious COVID disease for the rest of their lives, there is no harm in spending one day resting at home. Villagers gradually overcame their anxieties, dismissed bogus vaccine reports, and even inquired of frontline workers when vaccination programmes would be held in their villages or panchayats.

Rigri, Ms. Teresa's home hamlet with a population of 1012, has now achieved 96% immunisation, with all eligible 12+ year beneficiaries receiving the first dose of the COVID-19 vaccine. The achievement of goals in a village with a high level of anti-vaccination sentiment demonstrates the tremendous joint efforts and dedication of frontline workers. Despite criticism, Sahiya Sathi Ms Teresa Bilung and her sahiyas created a model village throughout the district's Simdega block.

Testimonials of the SBCC-DPCs

"It has been a tremendous honour to work on the second phase of a XISS-UNICEF project. The XISS-UNICEF Project has been extremely beneficial in terms of expanding my knowledge and strengthening my existing skill set. Working on two different aspects of the project, RMNCHA+ and JJM, was a learning experience for me in the second phase. This project's primary goal is to reach as many people as possible by promoting the benefits of the COVID-19 vaccine and encouraging people to practice COVID Appropriate Behavior. Developing and implementing a communication strategy for RMNCHA+ and Jal Jeevan Mission via district and block task force platforms was a difficult task. A district-specific communication plan includes implementation and monitoring on a timetable. Working with the district administration was a challenging task. I collaborated closely with the district administration to support the planning, implementation, monitoring, and reporting of need-based communication interventions. Identifying and leveraging the support of professional bodies, youth organizations, and panchayat bodies to aid in the implementation of communication actions. Advocacy events with government officials, frontline workers, health workers, religious leaders, and faith-based institutions – written appeals, audio/video bytes – amplified via electronic, print, WhatsApp, and social media. Local champions and influencers are disseminating messages, and IEC materials are being developed in regional languages. I've gained invaluable knowledge and experience along the way. I will be eternally grateful to those who believed in me and allowed me to grow as a person as well as an employee."

Jyotsna Hembrom, SBCC-DPC, Dumka

"Engaging in the second phase of the XISS-UNICEF collaboration has been a great honour. I have learned so much from this Project, and it has helped me improve my knowledge and skill set. In the second phase, I had the opportunity to work on two distinct parts of the project, RMNCH+A, and JJM along with COVID vaccination communication. The main objective of this initiative was to create demand generation for COVID-19 vaccines and to promote COVID Appropriate Behavior. It was challenging to create and put into practice a communication strategy for RMNCHA+ and Jal Jeevan Mission via district and block task force platforms.

To assist in the planning, execution, monitoring, and reporting of need-based communication interventions, I worked closely with the district administration. The communication actions were implemented by identification and support from different departments, organizations, and panchayat bodies. Advocacy meetings for communication initiatives with government officials, frontline employees, healthcare professionals, PRI, and influencers have led to great achievement in the district. Along the road, I have learned and experienced priceless things. I will always be grateful to those who had faith in me and let me develop both personally and professionally."

Rashmi Kotwar, SBCC-DPC, W. Singhbhum

"As a development professional, I have always sought to work in a capacity to influence a larger part of society, bring about positive changes in society, and work for the people who are on the fringes and bring them into the mainstream. XISS- UNICEF gave me the opportunity where could directly engage with the district administration and Health administration where I have brought about positive amelioration in the health department, PHED department, and other schemes of the government. It gave me a platform where I have honed my skills, watched the public health problem from a wider vision and resolved the issues with the skill sets which I have gained over my career and academics."

Vivek Kumar Singh, SBCC-DPC, Giridih

"Being an SBCC-DPC was a challenging, rewarding, and learning experience. I want to start by thanking my organization, the Xavier Institute of Social Service, for collaborating with UNICEF Jharkhand on the Sampark social development initiative. I want to thank UNICEF Jharkhand once more for having faith in us and allowing us to work in a higher-level government environment. I can now confidently claim to be well-versed in project management, documentation, master training, and communication for development. I have improved my skills by serving as SBCC-DPC since day one. Now I have numerous possibilities and platforms to demonstrate my expertise and establish myself as Professionals with Difference, thanks to my project Sampark. It wasn't always easy being an SBCC-DPC, because we had to deal with a variety of people and organizations, including bureaucrats, government officials, private institutions, NGOs, CSOs, religious leaders, and PRI members. However, UNICEF Jharkhand's team and the state project coordinator provided us with regular support and guidance. I consistently gave my best effort and assisted the district administration in getting positive results from every program. The district administration and all the other line departments provided me with excellent support while I carried out my responsibilities."

Suraj Kumar, SBCC-DPC, Lohardaga

"Sampark (XISS-UNICEF Partnership) is indeed a great collaboration of Civil Society organizations, academia and governance. This unique project provided such a wholesome experience in the domain of public administration and social development. Individually, this project offered a steep learning curve and a thorough understanding of government functioning, stakeholder management, public policy, and governance. It challenged me to step beyond my comfort zone as a development professional and work creatively with a dynamic thought process and become a well-rounded individual who can think critically about issues from multiple perspectives, communicate effectively and become a leader with a commitment to the public service."

Ansuhree Alok Gupta, SBCC-DPC, Simdega

"The connection of thought processes and mobilization to achieve the desired goal is the objective of SBCC-DPC. "Sampark Project" is a joint effort of XISS Ranchi and UNICEF India to provide technical support to District Administration on required fields. Eagerness to work for social causes with a potential platform to bring positive change in society is the key factor which keeps me running and nourishes my career in the social sector. I would like to respect and appreciate my colleagues, mentors and District Officials for their regular support and guidance throughout the project."

Gaurav Kumar, SBCC-DPC, Sahibganj

I have been working in the district Palamu as the Social Behavior Communication Change District Project Coordinator in the project SAMPARK-II for almost one year. I have primarily worked and coordinated for the district's social behavior change programmes that came out quite effectively in terms of implementation.

I have enjoyed fulfilling my passionate interest in working in the district and bringing positive change and difference in the lives of the people in the workstation. The community's faith in the programme of XISS-UNICEF is such an outcome that fits the objectives of the project at large. The impact of the district's social behavior change programmes has a more prolonged influence on the thinking and behavior of the people about any disease; COVID will also be an asset to protect the life of the people in the future as well. I have had the opportunity to be part of this project and work closely in the community during the last phase of the pandemic. It is of immense value to me to get a chance to be a part of an organisation that is making a positive difference in the district, and the officials and staff of the state administration accept it."

Md Tabrez Alam, SBCC-DPC, Palamu

"Project Sampark provided me with the opportunity to work with officials and functionaries at all levels, from the District to the Village. My professional career has been full of new insights over the last 19 months. I learned about various health-related programmes. With the addition of Jal Jeevan Mission and Swachh Bharat Mission- Gramin, I was also able to work with the D.W. & S Division. I am grateful to our respected Project Head and State Project Coordinator for providing me with this opportunity, especially at such an early stage in my career."

Shubham Gupta, SBCC-DPC, Latehar

"It brings me immense pleasure to extend my sincere gratitude to Xavier Institute of Social Service (XISS) for collaborating with UNICEF and providing me with the opportunity to serve the project Sampark (XISS-UNICEF Project) as a Social and Behavior Change Communication - District Project coordinator, Deoghar. Placed in the district under the guidance of respected Deputy Commissioner - Shri Manjunath Bhajantri, I have mastered multi-sectored/Departmental Coordination which has helped me in the smooth implementation of COVID -19 communication, Jal Jeevan Mission/ Swachh Bharat Mission- Grameen. Continuous support and guidance from all the government officials have enhanced my leadership skills as they have always encouraged me to lead the projects. I acknowledge each official for providing me with continuous guidance and would like to extend my heart thanks once again to the XISS and UNICEF team to make this project a success."

Debanjally Mondal, SBCC-DPC, Deoghar

"I convey my hearty thanks and gratitude to XISS and UNICEF for giving me the opportunity to serve in the project Sampark (XISS-UNICEF). In the journey, I have coordinated multiple departments which have polished my coordination skills and have helped me in enhancing the technicalities of the COVID-19 situation and Two flagship Programs - JJM/SBM-G and RMNCH+A which are helping me in planning out

the communication activities in a better way. This project has enhanced my leadership skills, multisectoral coordination, and planning, execution, monitoring, and evaluation. I once again extend my sincere thanks to the whole team and the district administration for providing me with continuous support in this project."

Subham Prasad, SBCC-DPC, Pakur

"Great opportunity to work with UNICEF in COVID-19 vaccination, JJM and RMCHA+vertical. It sharpened my communication skills more specifically social and behavioral change communication. This project has helped in making the best use of my skills and making worthy contributions to industry and society. Along with that project has promised a degree of integrity, transparent communication and how to ensure programme effectiveness. With the support of higher-level authorities, this programme has ensured quality healthcare services to the vulnerable section of society."

Neha Kumari, SBCC-DPC, Godda

"SAMPARK Project is providing me with a great learning experience. The collaboration of XISS with UNICEF allows me to work with the Deputy Commissioner and other officials of the district on the same time in the field where I get to know the Issues, problems, and Reality but at the same time, I have the officials on my side to make me understand the tactics to tackle those issues and problems. My internship was in Public Health itself, so I am getting the exposure to gain knowledge in public health on the same hand I am getting the opportunity to polish my Rural Development skills. When I was deputed to the district there were many things to do and Collaboration between XISS and UNICEF supported the District Administration in a very right manner. As a result, I was praised with an appreciation certificate by the Honourable Minister Labour and Skill Development GoJ."

Ankit Kumar, SBCC-DPC, Chatra

"The collaboration of XISS with UNICEF allows me to work with District Administration Dhanbad. SAMPARK Project is a great learning opportunity for me in the health sector. It helped me to know the issues, problems, and reality at the ground level. I am getting opportunities to enhance my rural development skills by working at the ground level."

Kumar Akshay, SBCC-DPC, Dhanbad

"XISS-UNICEF project Called Sampark provided me with a platform to learn, evolve and constantly evaluate my progress. The best part of this project was that everyone was approachable and enabled me to implement new ideas to achieve our desired objective. The opportunities presented are great for me in the longer scheme of my career growth. In this project, I worked with bureaucrats and higher officials of the different government departments which have awarded me with lots of experiences which will be going to help me and my organization. I enjoyed a lot while working on this project. I thank XISS for providing me with such an opportunity and hope we will work together on upcoming projects."

Kumar Shubham, SBCC-DPC, Garhwa



Double dose of COVID vaccine improves immunity,
and booster dose gives a complete protection!



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