



# COMPENDIUM OF HUMAN INTEREST STORIES



# TABLE OF CONTENTS

## **FOREWORD** 4

### **THEME 1: EVERYDAY HEROES** 5

One man's vision leads a village to immunization 6

An SHG member's resolve ensures a healthy start to life 8

A grandfather inspires men's involvement in routine immunization efforts 10

Nasir's 'Vaccine Auto' motivates people to avail the COVID-19 vaccine 12

'One-Woman-Army' addresses myths and encourages vaccination 13

### **THEME 2: STRONGERTOGETHER** 15

The young lead the way for immunization in Gadchiroli 16

Teeka Sakhis: Friends as changemakers 17

Involving the Panchayati Raj Institutions to reach the unreached 19

Police steps up, instils new life in COVID-19 awareness drive 21

Teachers and educators, in more ways than one 22

### **THEME 3: TOWARDS EQUITY** 23

On Makar Sankranti, vaccines shine a light into children's lives 24

Awareness on wheels for a better tomorrow 26

Joining hands with Teeka Sakhis for community change 27

A new immunization session site spells hope for a vulnerable community 28

Yes, We Can: A remote Assam village resolves to vaccinate every left-out child 29

# FOREWORD



**Siddhartha Shrestha**

*Chief, Social and Behaviour Change,  
UNICEF India*

Expanding access to immunization is crucial to achieving the Sustainable Development Goals (SDGs). Immunization is one of the most efficient and cost-effective ways to protect children's lives. More than half of the world's most vulnerable children still miss out on the essential vaccines they need to survive and thrive. Globally, 1.5 million deaths could be avoided if children were vaccinated.

Realizing the right of every child, particularly the most marginalized, to immunization is UNICEF's goal. As a technical partner to the national immunization programme of the Ministry of Health and Family Welfare, Government of India, UNICEF stands committed to ensuring no child suffers from diseases that can be prevented by vaccines.

As one of the founding partners of Gavi, the Vaccine Alliance, UNICEF has played a strategic role in enabling the partnership to expand its reach. The partnership is one characterised by high synergy and collaborative action. Globally, the partnership has made possible rapid gains in strengthening health systems to introduce new vaccines and close the immunization equity gap, deliver life-saving vaccines to the most vulnerable children, and ensure access to high-quality vaccines, immunization supplies and related services.

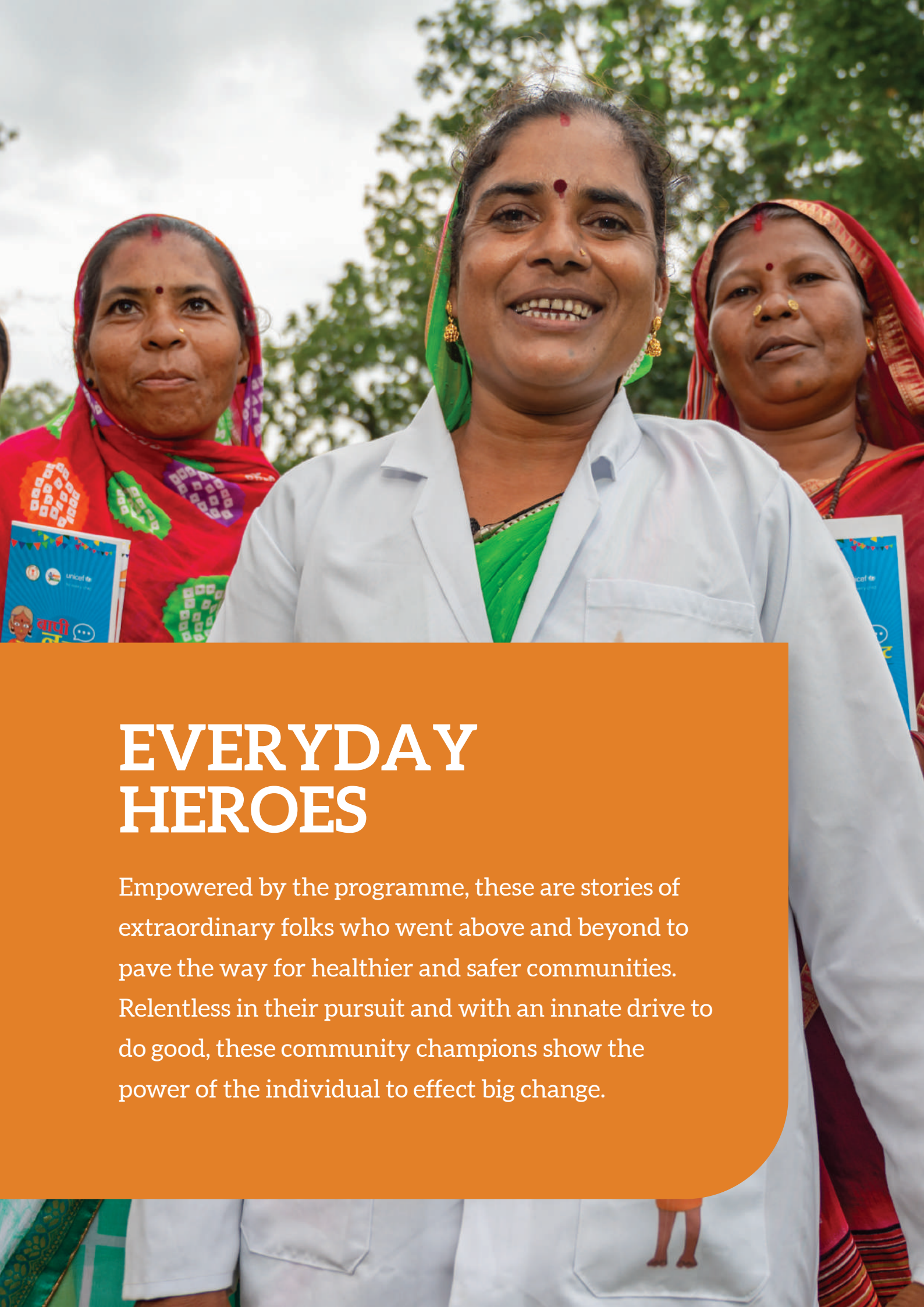
In India, the GAVI-UNICEF partnership supports the national immunization programme by empowering and leveraging grassroots civil society organizations and community-based organizations to conduct social mobilization activities toward increased demand for vaccines across the country.

These organizations are the Alliance for Immunization and Health (AIH), Voluntary Health Association of India (VHA) and Self-Employed Women's Association (SEWA). All the three partner organizations have been working to create a demand for vaccines across communities of varied topographies, geographies, and cultural and social milieus, with a goal to improve routine immunization coverage among left out, drop out and resistant families.

In addition, with the ongoing COVID-19 pandemic, the partners have deployed the wealth of knowledge and experience amassed from routine immunization interventions to accelerate awareness of COVID-19 appropriate behaviours and promote the uptake of the COVID-19 vaccine among communities.

In doing so, their work spans 54 districts across the 14 states of Haryana, Uttarakhand, Rajasthan, Gujarat, Maharashtra, Andhra Pradesh, Uttar Pradesh, Chhattisgarh, Arunachal Pradesh, Assam, Nagaland, Manipur, Bihar, and Odisha.

This compendium provides a glimpse of how the sustained efforts of the GAVI-UNICEF partnership have touched the lives of many – across states, communities, and cultures – presenting stellar accounts of all that community-led immunization interventions are capable of achieving. What follows, then, are some stories – 'of the people, for the people, and by the people'.



# EVERYDAY HEROES

Empowered by the programme, these are stories of extraordinary folks who went above and beyond to pave the way for healthier and safer communities. Relentless in their pursuit and with an innate drive to do good, these community champions show the power of the individual to effect big change.

# One man's vision leads a village to immunization



**Imran Hussain, making regular announcements after daily prayers, to create awareness on immunization**

Sometimes, all it takes is for one person to put up their hand, take responsibility and nudge society towards change for the better.



**Imran Hussain,**



a farmer from Mundi Milak village in district Moradabad of the north Indian state of Uttar Pradesh, decided to lead from the front when it came to the welfare of his community. Imran observed that his village and surrounding communities had been living in doubts and apprehensions associated with health services for decades.

Routine immunization for the prevention of life-threatening infectious diseases amongst children had taken a back seat in the area. People harboured all kinds of misconceptions about vaccines. Some said they lead to infertility, while many believed that immunization could make you ill for life.

## Man with a mission

A respected member in his community and fondly known as Imran 'Bhai' (Brother Imran) by everyone in the village, Imran felt strongly about the benefits of vaccination. He collaborated with the local ration dealer and trained him to inform the mothers of young children about the benefits of vaccination while rations were distributed. On a few occasions, he distributed free rice and wheat to those coming forward to vaccinate their children.

Imran started with direct and positive ways of communication to mobilize his community, particularly the left out, dropped out, and resistant families, for vaccination. However, these efforts led to a marginal change in the perception of immunization.

Imran wanted to go one step further and he decided to adopt a personalized approach in order to address his community's worries with the aim of further improvement in the uptake of vaccines.

This time around, he sought the help of the local District Coordinator and set out on a mission.

He began visiting reluctant families door to door, educating them on the benefits of immunization, often bringing along doctors and other medical staff from neighbouring cities to make an evidence-based case.



## Power of Perseverance

Shahana and Dilshad, a couple in the community, were especially opposed to vaccinating their second son, Hasan. The hesitancy was triggered by the trauma of losing their first son to illness, who coincidentally had passed away soon after receiving his first dose of a vaccine. Although doctors confirmed there was no evidence to suggest vaccination as the cause of death, the parents could not be convinced to vaccinate their second child. Shahana and Dilshad refused to step out of their house when health officials came on vaccination rounds. Regarding immunization, the second son Hasan was a 'dropout', which meant that his vaccination had never been completed. He was inoculated at birth but never received the subsequent doses. Imran visited Hasan and subtly nudged the parents. Aware of Shahana and Dilshad's tragedy, he refrained from pushing them too much. He did, however, educate them about the safety of vaccines with help from the District Coordinator. Slowly but surely, Imran won the family's trust. He took responsibility for ensuring Hasan's safety and listed Hasan's name on the vaccination schedule. Hasan is now a fully vaccinated and healthy child.



Rebuilding the trust and confidence of the mother to get her child vaccinated after being a 'dropout'  
- Mundi Milak village, Moradabad, Uttar Pradesh

As successful as these community efforts were proving to be, Imran ascertained that the impact would be more significant if he cultivated other influencers in the community. He first identified a number of vaccine-hesitant relatives and friends and spent a few weeks educating them on the importance of immunization. They agreed and soon started vaccinating their children. Once these community members realized that none of the alleged side effects had occurred, Imran urged them to convince their neighbours to vaccinate their children. A multiplier effect had begun and soon more than 25 children in the village were immunized.



## Championing the Cause

Maulana Farman Ali, a local Maulvi (Islamic preacher), heard about Imran's efforts and approached him to request support in increasing awareness about childhood vaccination among his congregation. The members of this congregation were hesitant to embrace vaccines as they felt maladies should be healed by God or by natural means. Together, Maulana Farman and Imran made regular announcements after daily prayers to address congregants' apprehensions. Through the weekly sermon after the Friday prayers, they motivated people to avail vaccines by quoting relevant lines from the Quran (holy book of Islam) that emphasize caring for the health and wellbeing of one's own self and community. By leveraging their standing among their people and weaving the message of immunization into religious preaching, Maulana Farman and Imran are catalysing social and behavioural change and championing the cause of routine immunization. Imran continues to be a beacon of hope for his community.

# An SHG member's resolve ensures a healthy start to life

In the remote village of Udulibeda in district Malkangiri in Odisha, Bhanupriya Nayak keeps a close watch on her fellow villagers so she can help them lead healthier lives. Part of the village SHG (Self-Help Group)<sup>1</sup>, Bhanupriya understands the duty of the SHG to the people, many of whom are so busy in the daily toil of agricultural labor – the mainstay of the people of Udulibeda – that attending to their health needs may sometime be forgotten. So Bhanupriya keeps their health in check and leads her SHG to conduct regular social mobilization activities such as house-to-house visits, community meetings, and organizing of immunization and other health camps.



## From challenge to opportunity

Stories of Bhanupriya's leadership and the SHG's consistent efforts to make health care a priority for the community abound. But few instances of Bhanupriya's steel determination stand out. One among them is the case of Sunita Bhumia – a new mother who was reluctant to get her newborn son vaccinated. Krishna was born on a cold December night. The air in the village was one of joy, but Bhanupriya could not help but wonder about the mother's health and the child's vaccines at birth. She decided to pay Sunita a visit. While Sunita appeared to be in good health, the child remained unvaccinated. On enquiring further, Sunita told Bhanupriya that the decision to vaccinate the child rested with her mother-in-law, Asamati, who was the household decision-maker, and was vehemently opposed to vaccines. Although Sunita herself was unclear on the benefits of vaccines, she still had an open mind, but she could not over-ride the decision of Asamati.

## Try, try till you succeed

Upon hearing this, Bhanupriya decided to speak to Asamati. However, hours of conversation could not convince her. She was sure that vaccines would make her grandchild ill and take away his strength. That evening, Bhanupriya went back home unsuccessful, but determined that she would find a way to help Krishna start his life on a healthy footing and convince his grandmother to get him vaccinated. A few days later, Bhanupriya returned with another SHG member who was on friendly terms with Sunita's family as well as an ASHA worker (Accredited Social Health Activist)<sup>2</sup> who knew Asamati well. She opined that having some friendly faces around might make her more willing to listen to their evidence-based case for vaccinating children. However, they were turned away from the door.



<sup>1</sup> India's Self-Help Group (SHG) movement began as small savings and credit groups that aimed to empower poor rural women. Now, it has evolved into one of the world's largest platforms of poor women who work to improve the socio-economic conditions of their community and promote their health and development, including awareness and interventions related to routine immunization and COVID-19.

<sup>2</sup> Accredited Health Social Activists (ASHAs) are health frontline workers and community health activists, selected from the community itself, and trained to work as an interface between the community and the public health system. They create awareness on health and its social determinants and mobilize the community to avail existing health services.



An SHG member checking the vaccination schedule and keeping track of villagers' adherence to the schedule, village of Udulibeda, Malkangiri, Odisha

But Bhanupriya did not lose hope. Years of working as an SHG member had taught her that the going would get tough more often than she would like, but overcoming the challenges was part of her commitment to her people. With this resolve, she tried again. She approached Purna and Bhanu Bhumia –Sunita's neighbours. They had been living next door for years and considered each other family. What set them apart was that Purna and Bhanu were vaccine advocates. They had an infant and strictly followed the vaccination schedule. When Bhanupriya narrated the incident to them, they were surprised to learn that their neighbours opposed vaccines, and immediately felt concerned. When asked if they would join hands with Bhanupriya and the local SHG to convince Sunita's family, they readily agreed.

**"They are family to us. Their child is our child. Of course we will help."** , they said.

## An uphill battle, a sweet victory

Next day, Bhanupriya visited Sunita's home again, this time accompanied by Purna, Bhanu and their child. This time, they were all invited in, and this time, Bhanupriya chose to stay quiet and let the Bhumias do the talking. Purna and Bhanu broached the subject sensitively but emphatically. They started off by saying that their belief in vaccines rested on evidence and they had done ample research to know vaccines were safe and necessary for a healthy future for children. Taking the example of their own child, they urged Asamati to consider that no parent would ever put their child in harm's way, and therefore, if vaccines really were harmful, the Bhumias would not have vaccinated their own child.

These points gave Asamati a pause and she seemed open to discussing the topic, but was still unsure. Purna and Bhanu urged her to direct any doubts towards Bhanupriya who was an expert at the subject and had been looking after the community's health for years. This endorsement from the Bhumias convinced her to begin talking to Bhanupriya, even if she still hadn't agreed to vaccinate Krishna. Over the next few days, Bhanupriya visited Asamati with informative material and addressed all her concerns. On occasion, she was accompanied by other SHG members who were also mothers and had vaccinated their own children. After a few visits, Asamati agreed to vaccinate Krishna. Soon after, Bhanupriya accompanied Sunita to the vaccination center and got Krishna vaccinated. Bhanupriya continued to visit Sunita and check up on her to ensure she followed the immunization schedule and no dose was missed. Thanks to Bhanupriya and the SHG, Krishna is now a fully immunized child.



Bhanupriya Nayak making house-to-house visits and keeping a close watch on the health of her fellow villagers, village of Udulibeda, Malkangiri, Odisha

**"I was opposed to vaccines first. I am not anymore. I am happy my Krishna is healthy and safe. I am also thankful to Bhanupriya who, despite my strongest opposition, did not give up on me, on us. I am glad there are people like Bhanupriya and platforms like the SHG to keep our village safe"**, says Asamati.



# A grandfather inspires men's involvement in routine immunization efforts

Badulipara is a small village outside the town of Barama, located in the district Baksa of the Indian state of Assam. This part of India, found within the Bodoland Territorial Region, borders the mountainous country of Bhutan. Badulipara's population of approximately 1,500 reflects various religions and cultures, primarily Hindu, Muslim, and Bodo. The mapping of local people resistant to immunization led to the identification of Badulipara as a left out, dropout and resistant pocket in need of UNICEF's attention. Most Badulipara locals were either unaware or sceptical of the health benefits of immunization for children. In fact, many only visited the health centres for their child's first—and often only—dose after much persuasion by health workers. Uncertain of the benefits of vaccines, many chose not to return for the following doses, resulting in increased vaccination dropouts among children. The problem was compounded by out-migration to cities.

## The power of positive influence

Despite the community's resistance, UNICEF's partner VHAI systematically identified LODOR children and brought them into the immunization fold. After a situational analysis of the community barriers to immunization, the team concluded that local influencers and organizations would be vital to addressing this challenge. In other words, the change had to stem from within. To achieve this, the VHAI team identified a group of community-based organizations in and around the area, informed them on the benefits of immunization through awareness sessions, and trained them in identifying left out children and using various communication modes to increase vaccine uptake in the community.

Empowered by the training sessions and under the able leadership of VHAI, the community-based organization set up group meetings and community consultations that highlighted the actual number of left out and drop out children in the community. These meetings also served to instil a sense of responsibility among local elders and emphasized their role in educating the community on the benefits of routine immunization and encouraging caregivers to vaccinate children.

In one of these meetings, Anathi Baro, a member of the Gambari Sikhla SHG, informed the group about a left out, drop out and resistant family who had stopped immunizing their eight-month-old baby, Hadwrsh, after the first doses of the BCG (Bacille Calmette-Guérin) and Pentavalent vaccines at birth. Anathi visited the family several times but failed to convince them to bring Hadwrsh back to the immunization site. Moreover, the home visits revealed telling circumstances: Anathi had been unable to meet the mother and child as they were staying with a relative in another village.

Hadwrsh's father was also away earning a living in Guwahati, Hadwrsh's paternal grandfather did not wish to meet Anathi, and his grandmother refused to call her daughter-in-law back home to vaccinate Hadwrsh despite several requests. Eventually, by speaking to other folks in the village, Anathi and her team found a way to contact the mother. When asked if she had changed her mind and taken Hadwrsh for the remaining shots yet, she replied in the negative.



**Hadwrsh with his grandfather, Kanteswar, town of Barama, Baksa, Assam**

Concerned about the situation, Anathi continued to try and make inroads with the grandmother through repeated visits, counselling, and information, education, and communication material on vaccine benefits. After persistent efforts, she finally managed to meet Hadwrsh's grandfather, Kanteswar Baro. Anathi, along with other community-based organization members, began counselling Kanteswar. After a few meetings, Kanteswar agreed to vaccinate Hadwrsh. He rang up his son, Hadwrsh's father, in Guwahati and instructed him to bring the mother and child home. Motivated to immunize his grandchild at the earliest, he began following up with the local ASHA worker regularly to keep himself informed about upcoming immunization sessions. Soon after, Hadwrsh was vaccinated with his second and third doses of the Pentavalent, Measles-Rubella, and Japanese Encephalitis vaccines. Kanteswar committed to never missing out on any of his grandchild's vaccines again.

## A shared responsibility, a healthier community

Hadwrsh was brought back to vaccines through the systematic efforts of community volunteers. The strategic involvement of the family decision-maker, Hadwrsh's grandfather, also made this achievement possible. This account marks a novel example of the male household head playing a proactive role in motivating the rest of the family to act for the wellbeing of the child.



Ms. Anathi Baro (right) with the grandfather and parents of Hadwrsh during a home visit, town of Barama, Baksa, Assam

Kanteswar is now a role model for his family and the entire village. The local community-based organization members regularly engage him as an influencer through group meetings and community consultations. He plays an essential role in mobilizing other reluctant families to immunize their children and encouraging the community's men to participate in bringing about this behavioural change. These efforts have become so productive and Kanteswar's name so widely popular that neighbouring villages have also started to invite him to speak on the importance of immunization at community meetings.

## A slight shift, a significant change

This story of a motivated grandfather in a remote hamlet in Assam is an example of decisive community action and the effectiveness of tapping into 'leverage points'—unique places of influence—within the family structure to create change. Given India's diversity, every village presents distinct challenges. For this reason, creating change requires a 'micro' approach which may vary from state to state, district to district, and often, even family to family.

Kanteswar Baro's story shows how male involvement in routine child immunization activities can improve and sustain vaccine coverage. Influential male figures across households and communities can help achieve lasting behavioural change and improve health outcomes for children.

**"Kanteswar Baro is a community leader. He is influencing men to take responsibility for child immunization. More and more men in the community have now started to attend our community meetings and village health days after Kanteswar showed them the way. This wasn't the case earlier, when hardly any men attended these events."**

, says Anathi of the Gambari Sikhla SHG.

# Nasir's 'Vaccine Auto' motivates people to avail the COVID-19 vaccine

The residents of Shahada in district Nandurbar, Maharashtra, were vehemently opposed to vaccinating themselves against COVID-19. Despite several efforts of the local health team, the residents did not budge. They held that immunization went against their religious beliefs and could cause infertility in adolescents and young couples. This was brought to the attention of the local District Coordinator Archana who had been working in the community for years and was trusted by the locals. Soon after, Archana intensified community outreach and, with the help of local health workers, started conducting regular sessions to convince the community to see the life-saving benefits of the COVID-19 vaccine.

## Vocal for vaccines

As part of these efforts, in July 2021, a three-day mid-media drive using mobile vans and megaphones for disseminating audio-visual messages to bring awareness to the issue of vaccine hesitancy, address commonly held misconceptions on the COVID-19 vaccine, and urge people to come out and avail the vaccine at their local vaccination centres was conducted in Shahada. Community locals who had accepted the COVID-19 vaccine participated in the drive. They formed groups within their localities and came out on the streets. With strict adherence to the COVID-19 protocol, they accompanied the mobile vans and walked around their neighbourhoods' announcing messages, addressing crowds, and urging all to avail the COVID-19 vaccine.

## A star emerges

Sure enough, by the third day, community members started gathering at the vaccination session sites. That day, a total of 99 people came forward and were escorted to their nearby vaccination centres by the health teams where they were vaccinated.



One among those who came out for more information on the vaccine was Nasir Pathan – a local auto-rickshaw driver. He did not consider the vaccine unsafe or against his religious beliefs, but he did have concerns surrounding its cost. However, when he learned that the vaccine was free, his mood lifted, and he immediately asked to be taken to the vaccination centre. It was a big day for Nasir. Not only did he understand the importance of the COVID-19 vaccine and avail it, but he did more – he stepped up and asked to be included in the awareness generation mission so he could also do his part in helping his community make the healthy choice. He wished to donate his time and his auto-rickshaw to the intervention and said he was more than happy to use his auto to disseminate key messages on the importance of the COVID-19 vaccine.

Despite Archana's requests to reimburse him for his time and the money he would spend using his auto for the cause, he declined, saying,

**"Aap ne badi madad ki, mai ab apne parivar ko bhi teeka lagwaunga. Itne bade kaam ke liye mera yeh tohfa toh bahut chota hai – apne toh mujhe ache swashtya ka tohfa diya hai" [You have helped me in a big way. I will now get my family vaccinated against COVID-19 as well. What I am offering you is very small compared to what you have given me – the gift of health.]"**



Nasir Pathan, a local auto-rickshaw driver, driving his 'vaccine auto' in and around Shahada from morning till evening urging people to do their part in the fight against COVID-19, Shahada, Nandurbar, Maharashtra

## From one beneficiary to many

Now, Nasir dedicates a portion of his week to drive his 'vaccine auto' in and around Shahada from morning till evening, playing messages, urging people to do their part in the fight against COVID-19 and avail vaccination for their own wellbeing and the wellbeing of others. This has caught the fancy of many onlookers who want to know more. Nasir hands them informational leaflets, which he always has handy, and directs them towards their local vaccination centre for further guidance on availing the COVID-19 vaccine. Nasir's example shows that a little certainly goes a long way and even one person's initiative can make a world of difference to the wellbeing of others.



# 'One-Woman-Army' addresses myths and encourages vaccination

Pratibhaben Prajapati, a 21-year-old with a diploma in nursing, is a resident of village Bayad in district Aravalli in Gujarat. She has been a member of SEWA for three years and has been a key participant in SEWA's COVID-19 response in the district. In this capacity, she has been focused on creating awareness on COVID-19 appropriate behaviours and mobilizing the community to get the COVID-19 vaccine.

## Leading by doing, assuring by sharing

Over the years, Pratibhaben had taken part in various healthcare trainings and initiatives led by SEWA. Her vast experience working with communities on health interventions had taught her that merely informing the community only goes so far. What will truly motivate them to avail the COVID-19 vaccine is for her to set an example to create confidence amongst the otherwise vaccine-hesitant community.

With this resolve, Pratibhaben became one of the first few in Aravalli to get registered for the COVID-19 vaccine. She got her vaccine dose and made sure that it sets a positive example in the community by conveying to them that the vaccine is safe and has none to minor side effects.

When speaking to the community members, she made sure to share her personal vaccination experience with them. Through household visits, she told the community members how post vaccination, she only had mild fever for two days, which was quickly cured with the help of locally available medicines and plenty of rest. All through this, she informed them that she has also been following other COVID-19 protocols such as washing hands with soap, wearing a mask, and social distancing. Over three months, Pratibhaben visited nearly 700 households to address the underlying concerns of vaccine hesitancy and promoted vaccine demand by creating an environment of trust.

## Addressing myths

During these household visits, she also heard various myths and misapprehensions surrounding the vaccine from women and men alike. In the words of Pratibhaben,

**"the key misconception that people shared with me was the fear of the vaccine being experimental, ineffective, and unsafe"**

She took it upon herself to intensify her engagement with the community and dispel these myths. Towards this end, Pratibhaben conducted small meetings, adhering strictly to the COVID-19 protocol of safe social distancing, and shared evidence on the vaccine's safety.

**Pratibhaben Prajapati plastering posters with key messages and directives on COVID-19 at prominent locations in her village, including the gram panchayat (village council) office and the local milk dairy, village Bayad, Aravalli, Gujarat**



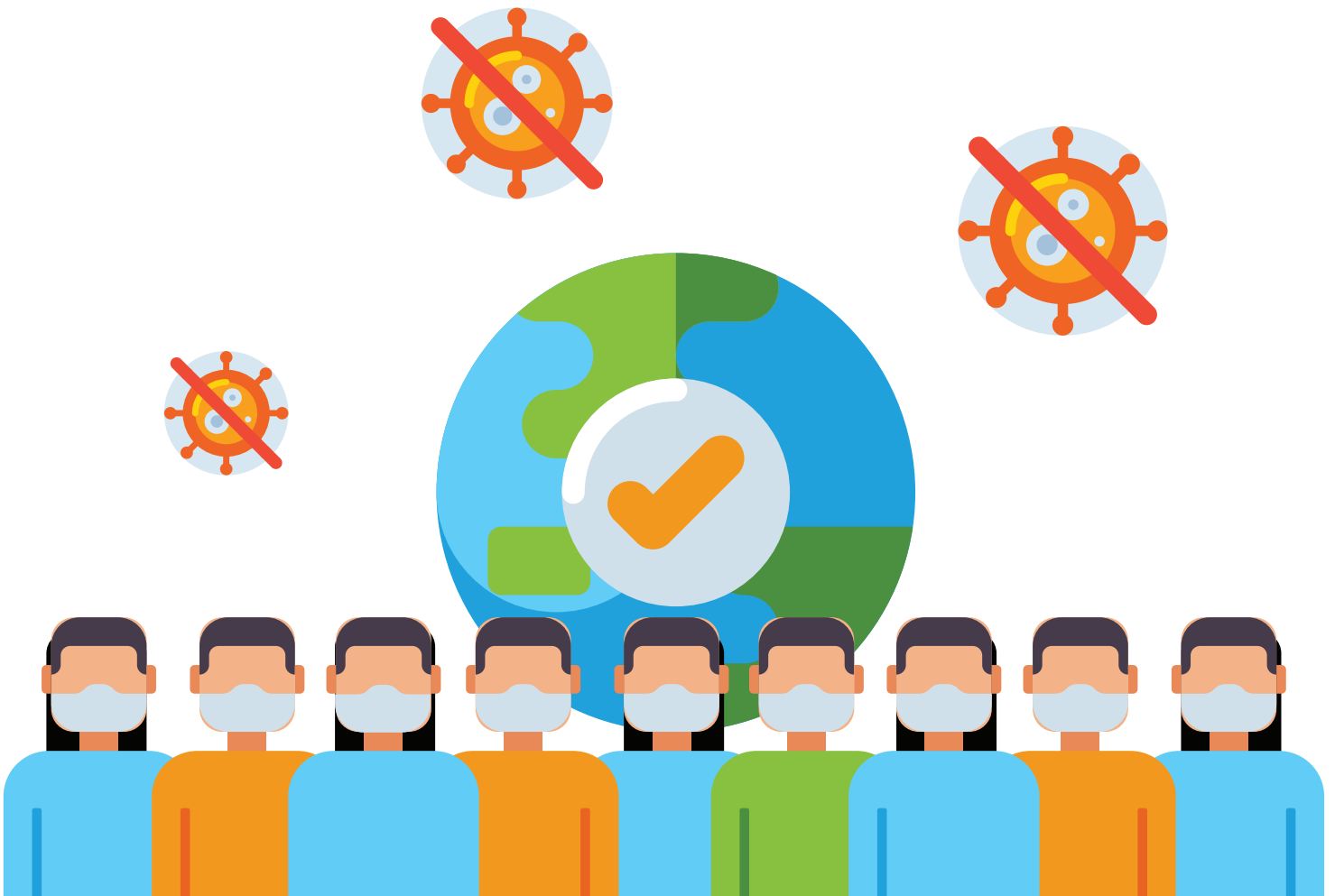


She urged the community members to believe in science and not misinformation, telling them how there is abundant scientific evidence that the vaccines protect against severe disease and hospitalisation. Reminding them of the many people who lost their lives to COVID-19, she once again emphasized how vaccines are the safest tool to fight the pandemic. In disseminating these messages, she used plenty of posters to create a visual memory and enhance retention among the participants. Later, she took the initiative to print out these posters with key messages and directives on COVID-19 appropriate behaviour and plastered them at prominent locations in her village, including the gram panchayat (village council) office and the local milk dairy.

And this was not all – Pratibhaben also used WhatsApp to create community groups to share government advisories and evidence of vaccine efficacy and safety, as well as videos, key messages, GIFs, and posters to keep the COVID-19 awareness momentum going. Lastly, Pratibhaben participated actively in mask distribution and helped SEWA monitor COVID-19 awareness activities.

## Holistic efforts increase vaccine demand

So far, Pratibhaben’s relentless and holistic efforts have motivated over 200 people to get vaccinated. From generating awareness on COVID-19 prevention, COVID-19 appropriate behaviour, and COVID-19 vaccine promotion, she has done it all. Her drive and contribution has set an example and motivated both the community workers and the community themselves.





# STRONGER TOGETHER

Trust and cooperation among people are at the heart of successful community interventions. Here are stories that capture the community spirit – along the way, you will meet young people, educators, officers, and others who join hands to lead sustainable efforts for community health and upliftment.

# The young lead the way for immunization in Gadchiroli

District Gadchiroli in Maharashtra boasts a dense forest cover with a lush green landscape. Village Visora in Block Wadsa of Gadchiroli is one among several of Gadchiroli's forest villages that are home to tribal groups who have protected, conserved, and sustainably managed forest resources for decades. Most of the village residents are daily-wage workers, many of them farmland laborers. Women are primarily engaged in collecting firewood and picking fruit from deep within the forest.



## Local solutions to local problems

Self-reliant communities like Visora need tailored and unique community mobilization approaches that are mindful of their daily life and routine. In the past, AIH along with the local ASHA worker and Block Coordinator trained 40 women and SHG members on the importance of vaccines and handwashing, expecting their consistent engagement in immunization drives and campaigns. But the demanding daily work routine of these women kept them from fully immersing themselves in any social mobilization efforts. Digital communication and virtual training also proved a challenge in the dense forest areas where network connectivity was erratic, and most women did not own a mobile phone.



Students' involvement in routine immunization efforts has led to a remarkable improvement in the uptake of routine immunization in the tribal village of Visora, Gadchiroli, Maharashtra. ©UNICEF/India/SrikantKolari



## Students as vaccine messengers

A key component of AIH's intervention is leveraging the school platform to disseminate information on immunization, hand washing and COVID-19 appropriate behaviour. During one such session among over 250 students and teachers at Ramakrishna Higher Secondary School, a District Coordinator Sopan, part of the AIH-led District Health Team, had an idea – the students engaged in these sessions must be trained further as adolescent leaders and take this awareness to their parents and other adults in the community after school and on their days off in the evenings when the community members returned from a hard day's work. Finally, the right immunization advocate for Visora had been found. What the adults were finding difficult to do due to their hectic schedules could be done by the children of the community. The students took a pledge – it is our duty to keep our village healthy and safe. Thereafter, AIH, with help from the school staff, conducted another session – this time with an aim to also train students to effectively disseminate key messages on immunization and other health issues.

After the training, the student leaders began visiting left out, drop out and resistant families at a time suitable to the community members. With the help of informative material (pamphlets, booklets, posters), they began talking to the families about the importance of vaccines. These adolescents, who were soon christened the Teeka Doots (vaccine messengers) of the village, also established an information booth at the immunization sessions to further intensify efforts to deliver information on routine immunization, along with key messages on handwashing and COVID-19 appropriate behaviour.



## Winds of change in Visora

Thanks to the efforts of the Teeka Doots, there was a marked improvement in children's routine immunization rates in the village. Many families previously resistant families now understood the importance of immunization to keep life-threatening vaccine-preventable diseases at bay and began prioritizing timely vaccination of their children. It is important to note that most of the villagers would leave for work early in the morning and return late in the evenings and, as a result, were unable to communicate with the District Health Team as the team members did not belong to Visora and had to return to their own villages at some point each day. But the Teeka Doots, on account of being Visora residents, could pay a visit to the families whenever they had the opportunity – and this made all the difference. Consistent messaging and convincing by young change agents indeed turned the tide in the forest village of Visora.

# Teeka Sakhis: Friends as changemakers

Volunteering is an act of heroism in a way; it does more than helping people beat the odds – as it changes the odds. Teeka Sakhis or vaccination volunteers in India are using innovative social mobilization approaches to spark inspiring conversations among mothers.

“Teeka” in Hindi means vaccine and “sakhi” refers to a friend. Thus, these unique volunteers play friends and bring about the most needed change for their communities. This has led to a ground level, large scale intervention towards improving the statistics of routine immunization in many parts of rural India. Below are remarkable stories of such Teeka Sakhis from district Gaya, Bihar who changed minds and transformed behaviours with their hard work and consistency.



## Building trust

Soha Kumari, a 29-year-old Teeka Sakhi and a mother of three children, has proven herself a changemaker in her ward in Gaya. An effective communicator, she is able to expertly navigate difficult conversations with caregivers on vaccines and allay their apprehensions about them. But when it came to a reluctant mother of a newborn unwilling to talk about vaccines, Soha decided to adopt a different approach.

During a routine visit to Priyanka’s house, Soha did not bring up immunization. Instead, she discussed financial issues that she knew were a priority for Priyanka and invited her to an SHG meeting for further deliberation. At the meeting, several development and financial literacy topics were discussed at length. Soha opened the floor for a discussion on immunization as the last agenda for the day, assuring the caregivers that this was a safe place to discuss all their vaccine-related woes. A few mothers started off by confiding about their worries, and many more began to speak up.



**Students' involvement in routine immunization efforts has led to a remarkable improvement in the uptake of routine immunization in the tribal village of Visora, Gadchiroli, Maharashtra. ©UNICEF/India/SrikantKolari**

Under Soha’s able guidance, these mothers shared their own experiences of overcoming doubt and fear to act in the interest of their children’s health. Soha discussed the benefits of vaccines with the help of pictures, posters, and informational handouts for the mothers to carry home. The following week, Soha escorted Priyanka’s family to the immunization session site and spent the day with Priyanka and the baby to reassure her and allay any apprehensions the family may have had.

## Different strokes for different folks

Shobha Devi, a young mother of two children and a dedicated Teeka Sakhi understands that not all issues need to be tackled head-on, especially when it comes to creating awareness on a sensitive issue like immunization. Shobha observed that Narmada and Laxmikanth, a couple in her community, had negative views on immunization, although in varying degrees. While Narmada could be described as reluctant, Laxmikanth was vehemently opposed to the idea. Far from entertaining a conversation on the topic, he would become extremely angry with Narmada for broaching the subject.

Through her various home visits, Shobha realized that while Narmada could be convinced, Laxmikanth would need more persuasion in this matter. Shobha adopted a unique strategy in order to counsel the couple. She first made sure that she would visit their home only when both were available. However, her conversations and message delivery were towards Narmada, making sure that Laxmikanth was also within earshot and could listen to them talk. During these conversations, she would go into painstaking detail about the various illnesses that could afflict their child, citing examples from her own experiences. In the end, she would emphasize how these diseases could easily be prevented by vaccines, leaving them with this thought to ponder over.

After several visits, Shobha started observing a change in Laxmikanth's attitude. And then one day, during another routine visit, Shobha met with an elated Narmada. Laxmikanth had relented and agreed to vaccinate their child. They decided to meet the following day to go over the immunization schedule.

## Conviction is key

Sangeeta Kumari, another young Teeka Sakhi, is known for her perseverance in convincing parents. Her assertive style and relentless spirit accord her immense respect in her community. People look up to Sangeeta and trust her when it comes to deciding upon the interest of their children's health. However, some families need a little more convincing than others.

In one such incident, Sangeeta's skills were put to the test when she was tasked with convincing an extended family of three mothers to vaccinate their newborns. The family's reluctance stemmed from an unfortunate event that occurred years ago. A child they knew passed away only a few days after receiving a vaccine. Although there was no evidence to suggest that the vaccination had anything to do with the child's death, after the incident, the mothers resolved never to vaccinate their own children.

On one of her routine visits to the family, Sangeeta found that one of the newborns was suffering from diarrhoea. Thereafter, she spent the whole day educating the mothers about the benefits of vaccines, explaining how diarrhoea is one of the most common causes of other illnesses and death in children under the age of five, and there are vaccines to protect us from it. After hours of convincing and explanations, all the mothers agreed to get their children immunized, but on one condition: if anything happened to them, Sangeeta would be held responsible. Calm and confident, Sangeeta readily accepted, asserting that the community's children were her responsibility anyway, and she would let no harm come to them.

As the health of the newborn suffering from diarrhoea improved over the next few days, Sangeeta accompanied the mothers to the immunization site, where all three children were inoculated with their first doses. The mothers kept in touch with Sangeeta and continued to return for subsequent vaccine shots.



# Involving the Panchayati Raj Institutions to reach the unreached

Panchayati Raj Institutions<sup>3</sup> (PRIs) were established to promote grassroots planning through people's participation to help accelerate development in rural India. Since PRI members are the backbone of the communities responsible for good local governance, every activity in the community has direct or indirect relations with them. It has been observed that the greater the involvement of the PRIs, the better the outcome of the intervention. In order to ensure complete immunization of children in the villages of districts Dantewada and Bijapur of Chhattisgarh, a focused involvement of PRIs through the AIH-supported implementing partner Bastar Samajik Jan Vikas Samiti was implemented.

## Building strength at the grassroots

The project was designed to reach the left out, drop out and resistant families in the villages of Dantewada and Bijapur to ensure complete immunization of children through Bastar Samajik Jan Vikas Samiti. It also aimed to build the capacity of the local institutions, who could take ownership and sustain the activities beyond the intervention period.

It was observed that the routine immunization programme had issues of reach, considering the resistant families and the influence of Maoists in the target region. Thus, the first step of the intervention was strengthening the involvement of the local communities with the help of relevant stakeholders. Conducting Village Health and Nutrition Day (VHND)<sup>4</sup> sessions needed peripheral and logistic support at the community level and most of the support could be derived from administrative sanction by the PRI members. They were oriented on the seriousness and sensitivity of the programme. The organisation initiated a drive for involving PRI members in the programme to ensure the sustainability of immunization interventions.

During the COVID-19 lockdown, AIH conducted capacity-building programmes and sensitization efforts towards the precautionary measures for COVID-19 infection with Teeka Sakhis, ASHA, Anganwadi<sup>5</sup> and Auxiliary Nurse Midwife (ANM)<sup>6</sup> workers and other stakeholders. Impressed with the efforts of the organisation, the PRI members of village Gadhmiri approached the team to have a separate orientation programme on COVID-19. Taking this as an opportunity, the organisation conducted the orientation and merged immunization and handwashing elements under the same programme.



<sup>3</sup> Panchayati Raj Institutions (PRIs) are systems of rural local self-government tasked with village development in the areas of primary education, health, agriculture, women and child development, women's participation in local governance, etc.

<sup>4</sup> Identified under the National Rural Health Mission, the Village Health and Nutrition Day (VHND) provides primary care services in health, nutrition, and sanitation at the village level once every month.

<sup>5</sup> The Anganwadi worker is a health frontline worker and functionary of the Integrated Child Development Scheme (ICDS) who manages the Anganwadi – a child and mother care centre in the village. The Anganwadi worker provides supplementary nutrition, non-formal pre-school education, nutrition and health education to mothers/pregnant mothers, nursing mothers and adolescent girls, and supports immunization.

<sup>6</sup> Auxiliary Nurse Midwife (ANM) is a multi-purpose health frontline worker based at a health sub-centre or primary health centre. Their responsibilities included family planning, immunization, infectious disease prevention and care, and maternal health and childbirth.

## Better involvement, better outcome

The PRI members' response was very encouraging, and they started supporting the Teeka Sakhis and AIH team in arranging logistics at information booths and VHND sessions. Bastar Samajik Jan Vikas Samiti oriented PRI members in all the project villages towards greater involvement. It was aimed that the statutory Health Sub-Committee of every panchayat (village governance unit) would be activated and involved in the programme through repeated interaction, involvement, and engagement. Out of 24 project villages, the PRI members of 19 villages (eight from Bijapur and 11 from Dantewada) were oriented. They were invited to VHND sessions, Teeka Sakhi meetings, review meetings, information booths, and training programmes on COVID-19 and immunization. The AIH team has been periodically updating them about the progress of the activities and sharing the informative materials used. These activities resulted in their active involvement in the programme.



Panchayati Raj Institution (PRI) members, Teeka Sakhis, and health workers, stand together for the health of their community, Gadhmiri, Dantewada, Chhattisgarh

## Work in progress

The PRI members are now active in all 19 villages. They take interest in immunization and COVID-19 response, such as arranging temporary isolation rooms, distributing masks, and discussing immunization related issues in gram panchayats (village councils). They provide logistic support in the VHND sessions and to the Teeka Sakhis in their inter-personal communication activities. In many cases, they are also providing food to the health workers and Teeka Sakhis.

**“It is good to know that women’s self-help groups are voluntarily working for the health and immunization of children in the village. They should be appreciated.”** said Kamlesh, the sarpanch (village head) of Gadhmiri.

# Police steps up, instils new life in COVID-19 awareness drive

When the second wave of COVID-19 emerged in early 2021, district Osmanabad in Maharashtra went into complete lockdown. Public gatherings and activities were prohibited. In the small town of Tuljapur in Osmanabad, the local health team wondered how best to spread awareness about the importance of COVID-19 appropriate behaviour and avail the COVID-19 vaccine without compromising the rules of the lockdown. After much deliberation, the team realised there could only be one way – to intervene through the Muskaan Express (Smile Express).

## What is Muskaan Express?

Muskaan Express is a special awareness drive by AIH that aims at motivating people for routine immunization, COVID-19 vaccination, and COVID-19 appropriate behaviour with the help of a Mobile Medical Unit (MMU). It works by engaging special vehicles at select interventions areas. A route map is then prepared, and the vehicles travel the designated areas, disseminating audio-visual messages on key immunization issues, demanding audience attention.

The local health team, district coordinators and local volunteers met with the police officials at the Tuljapur police station and submitted a request letter to the Superintendent of Police (SP) to allow a Muskaan Express mobile van to drive around Tuljapur disseminating key messages on COVID-19 appropriate behaviour and the COVID-19 vaccine. However, the SP denied permission, citing concerns about such a vehicle making pit stops and encouraging people to gather around it.

## Conviction leads to motivation



The Superintendent of Police (SP) and other police personnel from the station taking part in the Muskaan Express initiative in **Tuljapur, Osmanabad, Maharashtra**

But the health team ensured the officer that the vehicle will simply announce COVID-19 related key messages and positive health behaviours and that no such stops would be made by the vehicle and no gatherings or group activities encouraged. The team further explained how, as health workers and community volunteers, ensuring the safety of the people of Tuljapur was their priority too and they would not conduct any activity that could risk the health of the communities they serve. Hearing this reassured the officer, but it also piqued his interest in the immunization intervention in the area. While the team was happy to receive permission from the SP, what made them even happier was the question he asked next –

## A novel alliance takes shape

So, the team arranged for the SP to record some key messages urging everyone to wear masks, practice social distancing, wash their hands regularly, and get vaccinated against COVID-19. Furthermore, the SP and other police personnel from the station offered to accompany the van on their drive through the town, making sure the initiative went on smoothly, no gatherings took place, and the visible endorsement of the police re-emphasized the importance of the key messages. The whole-hearted participation of the police staff elevated the initiative and gave it renewed vigour.

The SP said, **“The police staff is at the service of the people, and this initiative is for public health and wellbeing. We are glad to be a part of it and will continue to support the team. Jai Hind”**



# Teachers and educators, in more ways than one

Bastar Samajik Jan Vikas Samiti (BSJVS), supported by AIH, has been driving the routine immunization programme for children under 2 years in 24 villages across Bastar, Chhattisgarh. The efforts to achieve full immunization coverage by expanding outreach to left out, drop out and resistant families in the villages of Bastar has faced many hurdles, but none bigger than vaccine hesitancy – a result of poor literacy rates and lack of awareness in the area.

## In Dantewada, an innovative solution presents new challenges

In district Dantewada in Bastar, the Teeka Sakhis were referring to the due list containing beneficiary details available with the ASHA, Anganwadi and ANM workers to reach out to families to mobilize them for routine immunization, as was the traditional practice. However, through house visits and community interactions, it became apparent that not all families found themselves in these due lists. In order to fill these gaps and truly 'leave no one behind', a child tracking system was established across all the intervention villages. The system, to be maintained by Teeka Sakhis, obtains a live due list at the beginning of each month through direct interaction with the community. This list is then checked against the due lists available with the ASHA, Anganwadi and ANM workers, and any gaps are filled in. Doing this at the start of each month gives Teeka Sakhis enough time to convince hesitant families.

The challenge, however, was the maintenance of databases. It was observed that the Teeka Sakhis, many of whom were illiterate, were seeking the help of their children or any other literate person in the village to fill and maintain the records in the database. But this was not a sustainable arrangement.

## From education to immunization – teachers lead the way



Teachers disseminating key messages to students on the importance of practicing COVID-19 appropriate behaviour which led to a positive cascading effect **Bastar, Chhattisgarh**

This is where school teachers stepped in. Initially engaged to support the regular updating of the child tracking system, the teachers expressed an interest in being more actively involved in social mobilization efforts. Apart from being literate, the teachers were respected by the community and had the power to positively influence them. Soon after, the teachers were inducted into a training programme on routine immunization, COVID-19 precautions, and hand washing. During the World Handwashing Week, teachers led a series of demonstrations disseminating key messages on the importance of washing hands with soap to curb the pandemic and keep other diseases at bay.



They also held special awareness sessions with parents and used the parent-teacher meeting platform to speak on the importance of practicing COVID-19 appropriate behaviours and availing the COVID-19 vaccine, as well as included a special weekly class on immunization in the school syllabus. In some villages of Dantewada, teachers took the initiative to refer converted families to VHND session sites, thereby becoming vaccine advocates and driving change from within. Thanks to the efforts of the teachers, immunization rates in Dantewada are improving. Everyone in the village – from the elderly to the school children – appreciated the important role they were playing in spreading health awareness.

## Vaccine advocates, in the classroom and beyond

Lila Sori, a teacher in village Koriras in Dantewada, said:

**“This new role of a social mobilizer is exciting and gives me the opportunity to do more as a teacher. I will always cherish this experience.”**

As teachers became a vital part of social mobilization efforts in the Dantewada, the news of this successful strategy spread far and wide. District Bijapur followed suit and included teachers in their COVID-19 and routine immunization campaigns. Soon, other districts will follow.





# TOWARDS EQUITY

To truly 'leave no one behind' is to unequivocally commit to inclusion and ensure that the underserved among us can catch up to those who have made greater progress. The stories in this section present inspiring narratives of reaching the marginalized with life-affirming information and life-saving vaccines.

# On Makar Sankranti, vaccines shine a light into children's lives

In the remote tribal village of Bara in district Dohad, Gujarat, most men and women work at construction sites to earn a living. Remote and impoverished, the people of Bara long for a better future for their children.

**"We work long hours so our children do not have to"** , this is the sentiment shared by the people in the village.

## A calling to effect positive change

When the UNICEF-AIH partnership first arrived in Bara, the village did not have a functioning health system. Health awareness campaigns were few and far between and vaccine awareness was low. Working at construction sites meant most families were always on the move, working in a different district every other month, barely able to rest at home before they had to be away on another project. As such, timely vaccination of children proved a challenge. Most children in the village remained partially vaccinated or unvaccinated.

Slowly, things began to improve. With time, patience and training, a stronger presence of frontline health workers – ASHA, Anganwadi and ANM functionaries – and local volunteers began to spring up in the area. Health campaigns became more frequent and local ASHA and ANM workers started conducting health visits more regularly and bringing more children into the immunization fold. However, five migrant families remained unreachable. On the occasion that the ASHA/ANM worker did meet them when they would return to their homes briefly, the families remained unconvinced to prioritise their child's immunization over a day's work and wages. However, a local ASHA worker Savita remained resolute to change things.



Frontline workers visiting families working at construction sites to convince them to prioritise their child's immunization, Dohad, Gujarat

## A plan in action

Savita contacted the local District Coordinator and urged that special attention be paid to these families and more efforts made to convince them. “We cannot leave anyone behind,” she insisted. Together, they made a plan – to organize a team of ASHA, Anganwadi and ANM workers to check on these families twice every day, even if it meant arriving at a locked door, and carry plenty of informative material each time. The idea was to not miss any chance to speak to them. However, even after several visits to each family over a few weeks, not a single family returned home. This was strange and beckoned further investigation. After speaking to the neighbours, it came to the attention of the team that all the families were engaged in a long-term project in a village in a distant district and had decided to make it their home base for the next few days. This meant that they would not return till the job was done.

Savita and her teammates collected the mobile numbers of these families from the neighbours and the District Coordinator spoke to the Medical Officer of the primary health centre to obtain the vaccination details of these families. All the families were contacted via phone and urged to avail immunization for their children. At first, they resisted. When asked the reason for their hesitance, all the families said they were concerned about the side effects of the vaccine. If their child fell ill, they would have to spend time caring for them, which would keep them from their work at the construction site and make them miss out on their wages, they explained.

The team prepared a unanimous response – over the next few days, they spoke to the families and explained to them how the hard work they are putting in their work for the sake of their children will have no meaning if the child is not in good health. Using evidence, they explained the detrimental, and often life-threatening, effects of vaccine-preventable diseases. They were also explained how minor side effects were manageable at home and how each family would be assigned one functionary – an ASHA, Anganwadi or ANM worker – to see to their children personally after the vaccination to ensure they were being taken care of and have their help readily available, if needed.

## Great efforts reap great rewards

After hearing the case for vaccines, the families understood that vaccines will ensure their child’s good future. They felt especially reassured by the team’s support in helping them take care of the children after the vaccination in case of side effects. Finally, all the families agreed to vaccinating their children when they returned to the village, ahead of the holy festival of Makar Sankranti – India’s prominent harvest festival in honour of the Sun God marking the end of the winter season.

When the families returned to the village three days ahead of the festival, the team of health frontline workers visited them and reiterated the importance of vaccines. They were provided invitation cards, mentioning the date and venue of the routine immunization session site, and asked to carry it with them on the day of the immunization. Soon, all the children were vaccinated. On the day of Makar Sankranti, as the whole village commemorated the arrival of Lord Surya (the Sun God), the parents pledged to never miss out on their children’s vaccines again:

**“Just as Lord Surya brings light upon our world, so will the vaccines bring light into our children’s lives. Without health, there is no future. We understand now.”**

# Awareness on wheels for a better tomorrow

## Muskaan Express brings people together

Public awareness drives and mobile van campaigns offer great potential to raise awareness on understanding of health issues and taking it from the local community to an international stage. AIH with support of UNICEF is working in the tribal-dominated remote villages in district Dantewada of Chhattisgarh with a target of complete immunization of children in the region. For this, the Muskaan Express (Smile Express) – which employs a Mobile Medical Unit (MMU) to disseminate audio-visual messages on routine immunization, COVID-19 vaccination, and COVID-19 appropriate behaviour – was implemented with the help of local partners, community members and relevant stakeholders including PRI members, teachers, SHGs, and traditional healers.

Muskaan Express was launched by engaging a special vehicle at select project areas. AIH implementing partner Bastar Samajik Jan Vikas Samiti approached the National Mineral Development Corporation and requested them to provide two vehicles for the project. It was planned that each vehicle would intensely cover six villages of Dantewada and a route map was prepared accordingly. The villages include Palnar, Gadmiri, Potali, Koriras, Maharahournar, and Madinda, which often get little attention.



MMUs led by a doctor, pharmacists, nurses and supported by Teeka Sakhis ensuring active community participation in an innovative way  
Dantewada, Chhattisgarh

## Community participation leads change

The MMUs were crewed by a doctor, pharmacists, nurses and supported by Teeka Sakhis and the AIH team. Associated activities included conducting quiz programmes for children, issuing credential certificates to Teeka Sakhis, and delivering messages by Medical Officers of government facilities. More than six government doctors participated in the programme. Some beneficiaries and Teeka Sakhis were given gifts to motivate them to participate in the future.

Muskaan Express caught the attention of the people with key messages on immunization and COVID-19 vaccination. This component was supported financially in other states, however there was no such provision in the state of Chhattisgarh in the present phase. Hence looking at its potential, Bastar Samajik Jan Vikas Samiti leveraged the resources of National Mineral Development Corporation to help the local communities benefit from the initiative.



On 30 January 2021, the Muskaan Express programme was launched with two vehicles fully covering six project villages of Dantewada district. There was a presence of 60 to 85 people in each village who participated in the awareness drive as the vehicle passed through their villages. The success of the programme is clearly a result of convergence between internal and external agencies as well as the participation of community members. The Muskaan Express proved to be an innovative way of raising awareness and mobilizing the community. The health department personnel have appreciated this innovative way of raising awareness.

Muskaan Express was launched by engaging a special vehicle at select project areas. AIH implementing partner Bastar Samajik Jan Vikas Samiti approached the National Mineral Development Corporation and requested them to provide two vehicles for the project. It was planned that each vehicle would intensely cover six villages of Dantewada and a route map was prepared accordingly. The villages include Palnar, Gadhmiri, Potali, Koriras, Maharahournar, and Madinda, which often get little attention.

# Joining hands with Teeka Sakhis for community change

Well-meaning friends can help people change for the better. 'Teeka Sakhis' (vaccination friends) have been seen to play this role systematically for community development, awareness, and people empowerment. In district Bastar, Chhattisgarh Teeka Sakhi volunteers have become a force within the community who ensure routine Immunization coverage of every child in the target areas. Two-and-a-half years of efforts by this cadre has reaped remarkable results in the region.

## Contributing for community betterment

Teeka Sakhis have carved out a niche for themselves and their contribution has been acknowledged by the government departments as well as other agencies in the area. Some of the programmes where their involvement is sought by the departments include – Sishu Sanrakshan Mah (a six-monthly programme aimed at covering the children for Vitamin A consumption and de-worming programme), Malaria Mukh Bastar (government drive to control Malaria prevalence), Intensive Mission Indradhanush (accelerated government immunization drive), Japanese Encephalitis drive, Polio free campaigns, COVID-19 sensitization and COVID vaccination programmes, and Breastfeeding week celebration.

Teeka Sakhis are successful in mainstreaming left out, drop out, and resistant children in the villages and regularising the VHND sessions. They also ensure their representation in VHSNC (Village Health Sanitation and Nutrition committee)<sup>7</sup> meetings and continuing their support to ASHA, Anganwadi and ANM workers for child tracking and VHND sessions. They are also roping in the members and other local stakeholders and regularly organising Information Booths to deliver the key messages. PRI members also engage the Teeka Sakhis in COVID-19 vaccination camps.



More than 65 Teeka Sakhis as active members of Yojna Gathan Dal in their respective Panchayats of the selected districts of Chhattisgarh

<sup>7</sup> One of the key elements of the National Rural Health Mission, the Village Health, Sanitation and Nutrition committee (VHSNC) has been formed to take collective actions on issues related to health and its social determinants at the village level.

## Participation in bigger plans

Realising their potential, the PRIs involved the Teeka Sakhis in the making of Gram Panchayat (village council) Development Plan under Hamar Gaon Hamar Yojna (our village our plan) programme of the Panchayat and Rural Development department. The CGPANCH (Chhattisgarh Panchayat Network for Children) project supported by UNICEF aims at making the Panchayats women and child friendly and provides the opportunity to involve Teeka Sakhis into the programme at multiple levels. The objective is to leverage the experience of Teeka Sakhis for better child health in communities. To do this, a Yojna Gathan Dal (plan development team) is formed at every panchayat constituting of more than 15 members representing different areas. These members collect information on problems and possible solutions through personal and group meetings.

## Teeka Sakhis as catalysts of change

In December 2021, more than 65 Teeka Sakhis have become members of Yojna Gathan Dal in their respective Panchayats of the selected districts. These Teeka Sakhis are from 11 villages. They have conducted group meetings with women and lactating mothers and suggested several low-cost and no-cost activities in the Gram Panchayat Development Plan which can improve the health conditions of women and children. They also advise people on leveraging government schemes and monitor the community programmes.

**“In the making of Gram Panchayat Development Plan, the contributions made by Teeka Sakhis are a surprise to us. They helped us understand the issues of women and children of the communities like never before,”** said Sunil Mandavi, Sarpanch (village head), village Koriras, Dantewada.





# A new immunization session site spells hope for a vulnerable community

Dinkar Ghat, Janakpur is a vulnerable densely populated locality in district Gaya in Bihar which did not have an immunization session site. The residents of Dinkar Ghat had to walk long distances to immunize their children at a session site in a neighbouring locality. However, the long distance was wearing away the motivation of the parents to keep traveling to the session site and resulting in partial immunization and dropouts among children.

## Practical hurdles make access difficult

Two main reasons kept the families from being able to fully immunize their children: daily wage earners had to spend too much time traveling and waiting at the session site which affected their wages and stay-at-home mothers had to leave house work and spend money on transportation which they did not want to do. The ANM of the area also confirmed that their social mobilizing efforts were all going to vain as it was not a lack of motivation on the families part, rather practical difficulties, that prevented them from visiting the immunization session site.

## An appeal for better services

The situation was brought to the notice of the Medical Officer and the District Immunization Officer by the ANM, with support from the local district coordinator. After going into painstaking detail about the trials and tribulations of the locals in getting their children vaccinated, they requested for the establishment of a new immunization session site in Janakpur. However, the Medical Officer and the District Immunization Officer denied the request, citing a shortage of human resource.

On the next visit, the ANM tried something else – she brought along a few beneficiary mothers to make their case. After listening to the compelling pleas of the mothers on wanting to immunize their children for their health and future but not being able to, the officers agreed to include a request for a new immunization session site in Janakpur in the next micro-plan. At the next meeting, they put the demands of the community forward and made a case for diverting funds to hire more human resource to establish a fully functional immunization session site in Janakpur.



Timely engagement with the administration ensures that the willing parents get an opportunity to get their children vaccinated  
**Dinkar Ghat, Janakpur, district Gaya,**



## Practical hurdles make access difficult

A few weeks later, the session site was established, much to the elation of the locals. On the first day, parents rushed to the immunization site and several children – some partially vaccinated, some unvaccinated – received their vaccine doses. Those who were missing from the immunization due list were added for future follow ups.

The parents were all praises for the local health team and the officers. **“They have really come through for us, our children. Our problems have been heard and our demands met. We have a supportive community, accountable officials. What more can we ask for? We will make sure we stick to the immunization schedule”**, an optimistic mother quipped, while others agreed.

The Janakpur story stands out as an example of effective two-way communication between the service provider and the beneficiary, proving, once again, that a continuous dialogue can indeed shift the tide.



# Yes, We Can: A remote Assam village resolves to vaccinate every left-out child

Village Kundonala is a remote village located 55 km away from the district headquarter of Hailakandi in Assam. The population of the village is around 1500 and comprises of tribal people from the Tripura community. Kundonala is an identified left out, drop out, resistant pocket. During summers, incessant rains and landslides hinder road connectivity. The area is accessible to outsiders for hardly two months during the autumn-winter season. A difficult terrain compounds the problem. All these reasons contributed to making Kundonala inaccessible to health workers for the main part of the year, resulting in missed vaccination. Beyond issues of supply, demand challenges were also pervasive, and the locals were largely unaware of their immunization rights and the benefits of vaccines.

## Joining hands for the greater good

During a field visit, the area District Coordinator, Pijush Kumar Deb, identified and trained a few community-based organization members and local influencers – respected community elders, active youth, teachers, members of the gram panchayat – who could play a role in mobilising the locals to avail immunization. After the training, the team started a series of house-to-house visits to the resistant families. Thus began a community wide social mobilization drive. Subhom was one among the trained youth leaders and took the lead of the community drive. An active member of his community since his school days and an avid participant of the Tripura Students Association – a student-led voluntary community platform working for the upliftment of the village – Subhom was now in-charge of the Social Action Committee of the Association. In this role, he had done a lot of good for the community – whether it was setting up a tutorial for students falling behind in class, helping the elderly with errands during the COVID-19 lockdown, or organizing village hygiene drives. There was unanimous agreement that Subhom should lead the community vaccine awareness drive too.

## Increasing demand, improving service delivery



As a result of the relentless efforts of Subhom and his team, the mothers visit the vaccination centre with their newborns  
**Kundonala, Hailakandi in Assam**

Subhom immediately sprung to action. “Our strength is in our number”, he said, before dividing his team into groups and instructing each group to survey one side of the village to get an accurate number of the left-out children. But before that, he made sure each group had a copy of the due list available with the frontline health workers so they could compare their list to the available due list and apprise them on the missing names for further inclusion and action. Thereafter, the team was able to identify eight left out and drop out children – two of whom were missing from the available due lists.

Over the next two days, the team met again and devised a plan to reach out to these families to convince them. With the help of the local ASHA, Anganwadi and ANM workers, the team equipped themselves with informative material and creatives, particularly government advisories and brochures confirming the safety and efficacy of the vaccines and visited the families over a few days to convince them. Sometimes, they took along mothers who had also vaccinated their children and were confident about their benefits. Over a period of ten days, all the families were convinced.

The next challenge facing the social mobilization team was to ensure the availability of immunization services to the families. The team, with support from the district coordinator, approached the area block officials and were able to organize a VHND outreach session in the same month. All the eight left out and drop out children were immunized in the session.

## The show must go on

These families have now become positive influences themselves and are now encouraging other resistant families to come forward and avail vaccination. In the subsequent months, more outreach sessions were conducted by the social mobilization team in the area and more resistant families identified. Now, immunization sessions have become more regular in the area. Seeing the enhanced pace of outreach and increased motivation of the community members, the social mobilizers and health workers are optimistic that the immunization sessions will continue even through the tough rains.

**“Though it is a small step, but I am happy to see the change. The children of our community are finally getting vaccinated. It is a big achievement for us. I hope very soon all the left-out children of the area will get their doses. Now, come rain or snow, we will not stop!”**  
exclaimed Subhom.



