



HII Program completion report

Project Name	High intervention for covid-19 response to support vulnerable communities
Location	Chhattisgarh and Bihar
Duration	12 months
Implementation partners	BerojgarMahilaSewa Samiti (BMSS)
Technical support partner	Swasti
Intervention	Health – Vaccine Readiness and onboarding, Covid Awareness, NCD Screening; Social Protection- Awareness and facilitation
Target	Vaccine and Covid Awareness- 75,000 individuals NCD Screening- 75,000 individuals Social protection- 75,000 individuals
Progress summary	<p>BMSS implemented HII Packages in the states of Bihar and Chhattisgarh by providing Health and Social Protection related services to their beneficiaries to become resilient and recover from COVID-19 and its impact. As of 30th June 2022, the partner reached out to the following number of individuals with various services.</p> <ul style="list-style-type: none">● Vaccine awareness --- 6,01,149● Registration support---2,77,469● Received At least 1 dose vaccination—3,03,266● Both doses of vaccination--- 1,99,612● Covid-19 awareness --- 6,01,149● Screened For NCDs--- 93,352● Social Protection awareness--- 4,87,982● Enrolled in Social Protection schemes---- 91,985





IMPLEMENTATION DETAILS

Project is initiated with direct intervention with primary and secondary stakeholders such as Sarpanch, mitanin, Asha worker, community leader and staff of PHC center. Every activity is explained to them so that community acceptance can be increased and activity is done in coordination with them.

The main interventions are enlisted below

- Vaccine awareness and vaccination support
- Social protection meeting and facilitation
- NCD Health Screening camp

With regular support from stakeholders, we are able to conduct all activity in the proper manner at different locations throughout the year. During 4th phase children of **Navoday school** of Raigarh district get infected from corona positive and their numbers are increasing on a regular basis, so we have direct interaction with district collectors and urge to close school until complete vaccinations are completed so that further spread can be controlled. We have requested the health secretary to provide vaccines for children so that spread of covid-19 among children can be controlled. Night curfew is imposed in eight districts in Chhattisgarh so that proper checking of outsiders is done on a regular basis. Our volunteers and staff support the vaccination of children on a regular basis. Thus vaccinations of children are done at different schools on a regular basis. There are 2232 new cases of corona positive in Chhattisgarh and 2,597 new cases of corona positive in Bihar.

Key Milestones

- **Engaging with key stakeholders to facilitate service delivery** - The project team conducted several meetings with the local leaders in Bihar and Chhattisgarh like Ward Parishad, Sarpanch, and Panch community leaders) to explain the HII initiative as well as get their input on implementation. These meetings helped to strengthen the teams' relationship with the government which will be useful while facilitating schemes and entitlements for communities as well as obtaining permissions for any camps etc.



The next sets of meetings were conducted with the Mitanins or community health workers and Anganwadi workers. In both Bihar and Chhattisgarh, CHWs and AWWs form the backbone of health-related communications as well as service delivery in the community. Interacting with them has helped the project team understand the problems faced by the community and target the communities that need their support the most. Going forward AWWs and CHWs will also be used to conduct awareness campaigns, facilitate service delivery as well as mobilize communities to avail services. The team also conducted meetings with community representatives through Self Help Groups (SHGs) who will help generate demand and facilitate the delivery of services.

- **Established networks with stakeholders at different levels through multiple meetings** - BMSS conducted meetings with stakeholders like community representatives, Mitanin, Sarpanch, Panch, and healthcare authorities to share information regarding the various activities that will be undertaken as a part of the HII implementation, and communicate the importance of all departments working in collaboration to ensure that the communities receive the benefits of these interventions. Because of the involvement of these community representatives, there is better acceptance of the interventions among community members. In addition to that, the authorities have also supported the BMSS team to understand the challenges experienced by community members while trying to apply or access schemes or avail health facilities, etc. They have also supported mapping the different schemes for which the communities are eligible and have also led multiple conversations to build capacities of field teams as well.
- **Capacity building of field staff by CAC** - CAC Secretariat conducted a general orientation for BMSS on the different services available on Health & Social Protection like different types of resources, services, partners, etc. which can be utilized by the partner to effectively implement the intervention in their geographical area. One person from the BMSS leadership attended this session. The second level of training was focused on the technical aspects of the different services included in the HII package and was delivered over a one-week duration.

The vaccine readiness training which was attended by **10 participants**, was aimed to help the team understand the different concerns of communities when it comes to taking COVID-19 vaccination, how to help the communities overcome these concerns, and encourage them to get vaccinated. The focus of NCD Health screening Camp and Covid-19 risk assessment was to give a technical understanding of the different pre-existing conditions that make an individual susceptible to Covid-19, the importance of identifying them early on in life, and getting them under control through



lifestyle modifications and timely treatment, etc. and was attended by **10 participants**. Through the social protection training sessions, the participants were made to understand the importance of facilitating different social entitlements and a scheme to communities affected by Covid-19 and how to do the same and was attended by **17 team members**.

- **Initiated the implementation of HII services in Bihar and Chhattisgarh** - The team has started providing awareness since the month of July.2021 and has reached out to around **6,01,149 individuals** regarding the importance of vaccination against Covid-19 and misconceptions the communities have, so as to help them overcome the vaccine hesitancy. Through the meetings conducted with different health workers, SHGs and sarpanch. The team has discussed the importance of educating the communities on following Covid-19 appropriate behavior along with vaccination to contain further spread of COVID 19.
 - **Conducted sessions on vaccine and COVID awareness with community members** - To empower the communities to prevent themselves from getting affected with Covid-19 , the partners have conducted extensive awareness sessions on the importance of following Covid-19 appropriate behaviors and getting vaccinated with both doses. Awareness is provided in group meetings at community halls or Panchayat Bhavans as well as through household visits. Multiple meetings are conducted in the same location by different field teams to reach out to a larger number of individuals quickly. Demand generation, awareness and sensitization meetings have been conducted in all the 6 districts of the project to enhance the awareness level of the community members on vaccination and Covid-19. The partners have also addressed the concerns of the members regarding various myths circulating in the community on Covid-19 vaccination, side effects and also requested them to always consult a health worker to seek any kind of information regarding the vaccine. Through these meetings and individual interactions, the partners have also built the capacities of the community to seek healthcare and where to access them in the event that they or any of their family members show any symptoms related to or unrelated to Covid-19.
 - **Mobilizing communities and facilitating vaccination drives** - The efforts of the team to support the communities in the battle against COVID-19 did not just stop with providing awareness; they have also helped the individuals in the community get vaccinated as well. The effort of the partners has not just benefited the community members but also the



government as the support from the partner has helped authorities conduct the vaccination camps and drive much more efficiently. BMSS has helped the community with different aspects of vaccination; registering for vaccination in different online portals, informing the details of vaccination sites and dates and facilitating transportation support for those individuals who find it difficult to reach centers, etc.

BMSS has facilitated vaccinations for more than 79% of adults in villages although it faces the challenges for getting everyone vaccinated due to work migration by men. The local health cadre supports BMSS in the vaccination process through 7-8 monthly health camps in villages. BMSS provided volunteers, mobilized individuals, and facilitated the camps. To ensure continuity in vaccination intervention, BMSS conducted perspective building meetings with various government stakeholders and SHG members. Despite the majority of communities being vaccinated, because of the persuasive efforts of the team, vaccination is still ongoing with the support of local stakeholders. BMSS along with Mitanin is maintaining a list for ongoing vaccination and those due for vaccination. Additionally, BMSS is addressing the issue of covid appropriate behavior complacency among people in marketplaces post vaccination by engaging with local government to stress upon the need for following covid protocols. BMSS along with Mitanin is maintaining a list for ongoing vaccination and those due for vaccination.

Through door-to-door village surveys, BMSS is able to facilitate vaccination for a large number of people and their children within ages of 12-14 years. To ensure timely vaccination of children, BMSS with the support of Self-help group members and volunteers are coordinated closely with families whose children are due for vaccination. Due to the combined efforts of stakeholders such as mitanin, self help group, Volunteers and field workers, we are able to reach 100% vaccination of children in 32 villages.

The work done by BMSS is also beneficial to the government in multiple ways. Because of the information provided by the partners, the government was also able to procure adequate doses and conducted targeted drives in villages. The difficult to reach populations are now able to

access vaccination and with support of BMSS, the process of registration is also made hassle free. In addition to this, BMSS also manages the vaccination camps by providing crowd control support as well as ensuring that the individuals are following COVID appropriate behavior etc. BMSS have supported 174 such vaccination drives across the different villages in Chhattisgarh and 115 drives in Bihar.



- **Conducting health camps for NCD screening** - The health camps are conducted with the support of a team of 4 doctors and 10 Paramedical staffs who conduct community based camps in Chhattisgarh and Bihar. Based on the needs of the community collected during the different awareness sessions, the camps are planned and implemented in different locations after obtaining the required permission from the medical officer. BMSS informs the medical team about the details well in advance and they dispatch a team based on the requirements of the camp.
- BMSS conducted 362 NCD Health screening camps in Chhattisgarh and 392 NCD screening camps in Bihar. Through the screenings it was found that due to extreme weather conditions, people were suffering from different health problems like heat stroke, vomiting, fever, etc. To address these health concerns the health staff counseled patients on making dietary and lifestyle modifications to safeguard from the effects of the weather, along with providing medicines for the health problems. It was also found that in Chhattisgarh, anemia is less prevalent because of the diet and lifestyle followed by the community in comparison to Diabetes and Hypertension which was prevalent in 20% of the population above the age of 45. Since Chhattisgarh has comparatively robust health systems, if about 20-25% patients are diagnosed with health issues they are directly referred to District Hospital or local PHC's for treatment. While in Bihar due to lack of infrastructure and human resources, patients diagnosed with NCDs and other health concerns are less likely to seek treatment as they have to travel to far away locations and therefore resort to temporary solutions like attending health camps, etc.

Individuals who are identified with high blood pressure, high blood sugar (Low blood HB) are given lifestyle advice and referred to seek further healthcare. Those individuals who are already diagnosed with any illnesses are provided with medical support by the team of doctors. In addition to NCD screening, the medical team also attends to the common problems presented by the community members like any fever, cold, body ache, gastric problems etc. and appropriate medicines are prescribed for them. Information of these individuals are shared with ANM and ASHA workers to make sure there is proper follow up care provided to them.

- **Setting up of Social Protection Help desk and facilitating services-** In panchayat bhavans of every village where BMSS have a good rapport with the department. For those villages which do not have panchayat bhavans, it is set up in the adjacent village which is accessed by individuals from the nearby village as well. Setting up HDs like this has helped BMSS to speed up and closely monitor the end-to-end mechanisms of the SP application process.



- No of Help Desk develop in Bihar:- 64
- No of Help Desk develop in Chhattisgarh:- 70
- **Conducting awareness and facilitating social protection schemes and entitlements -**
12Volunteers from theSocial Protection team visited individuals at their homes and provided awareness on different schemes and who in their family is eligible for what schemes, etc. The group of volunteers also engage in conversations with SHG leaders and build their capacities to spread further awareness in the community. Through meetings and house visits, BMSS have explained the benefits of different schemes and encouraged the community to apply for all the services for which they are eligible. Once the meetingswere completed, the field team reached out to individuals who had expressed interest in applying for any of these services, on a priority basis, to verify the documents available with the beneficiaries. After that, based on the eligibility, we facilitated the application process of different schemes for the individuals. The schemes that are prioritized are - Rajiv Gandhi kisanNyay yojana, PM Garib kalyan Anna Yojana, Antyodaya Anna yojana, PM Awas yojana, Indira Gandhi old pension scheme, Sukhadsahara yojana, Social protection pension scheme, Indira Gandhi national widow pension scheme, E-Shram Card, Aayushman Bharat Yojana etc.
- Because of the relationship that the team built with the communities and the trust in the organization, the communities started sharing many concerns they have with respect to livelihood opportunities. To this end, in consultation with the livelihood team of CAC, we also started providing support and training for the communities in terms of sustainable livelihood. A few initiatives that really helped the communities is listed below:
- **Small enterprises established by 52 members of Self-Help Groups-** During the Social Protection awareness meeting with villagers and self-help groups, the villagers asked for support in establishing a production unit for detergents and other related products. To assist them, BMSS engaged with the Local Government stakeholder to initiate a training session for SHG members to start a production unit. After a long follow up with the government stakeholder the trainer provided facilitated training as well as supported in providing raw materials for the production unit. Through the training program in SilodaKhapri village, 52 SHG members are now able to manufacture their own good quality detergent which they then, with the assistance of marketing personnel provided by BMSS, are able to sell their product on a commission basis in nearby villages.
- **Textile Production Unit established for livelihood generation of SHG members**To provide a means of income, BMSS engaged with a local textile company situated in Raipur district to set up a production unit in the SHG members' village. Since the



company already has a production unit in Raipur district by providing machinery and training to SHG members the company will be able to meet its monthly requirement and also create jobs for SHG members. An increase in revenue has also resulted in the setting up of another production unit in Rasmada Village.

- **Vermicompost Center (organic fertilizer) established by SHG members** - The Chhattisgarh Government has set up a **GOTHAN (shelter for cows)** in every Gram-Panchayat for livestock rearing. The government provides organic fodder for livestock and also provides a source of income for caretakers of the shelter. Seeing an opportunity for further job creation, BMSS communicated with the Agriculture Department to involve the SHG members to prepare the unused cow dung as organic fertilizer. Through a government facilitated 15-days training on the reparation process, a large number of Self-Help Group members have been benefited in generating a source of livelihood for themselves. The members purchase the cow dung cake at INR 2 per Kg from their village which they then prepare into Vermicompost that is sold at the village market for INR 8 per Kg. The increasing profits has resulted in an increase in demand among farmers, as a result more than 500 villages have now started setting up Vermi-compost pits.
- **Honey Bee Cultivation in 374 villages in Gaya district (Bihar)** - Honey bee cultivation is a common practice in Gaya district of Bihar. The favorable climatic condition and the abundance of mustard production helps in attracting Honey bees. To ensure honey bees are protected for further pollination and for manufacturing of honey, the Self help group with training from Aajeevika department has started honey bees cultivation by constructing wooden beehives where natural honey is collected every three months. The honey produced is then sold to some of the major brands like Dabur and Patanjali for sale in the market.
- **Self-helpgroup members produce high-yield vegetable in Patna district** - Villagers having small land holdings find it difficult to produce large yields. Additionally, due to small land holding collateral banks do not give out loans easily to these farmers. As a





result, the farmers are not able to generate sufficient income. To address this issue, BMSS has collaborated with Aajeevika Department to conduct training on optimum utilization of land through the production of High-Yielding varieties (HYV) of crops. BMSS provides HYV seeds to the farmers and this has improved income generated and also created profits due to the high selling prices of these crops.

- **Utilization of village pond for fish cultivation by SHG Members** - BMSS with the support of Bihar government's fishery department provided training to the SHG members to develop their source of income. The village Sarpanch allots village ponds to one or more Self-help group members who are then financially supported by Aajeevika department to purchase raw materials for the cultivation of fish. Through the training and material support, the SHG members involved in this activity are able to earn up to INR 28,000 in one cultivation season and are also able to pay back their loans in installments.
- **Dairy Farming by Self-help group members** - Dairy farming is a very popular and common source of livelihood for many individuals in Bihar due to its profitability for uptake by big branded dairy companies. Although as an individual in dairy farming getting access to loans for keeping the business running is difficult, as a result, many individuals associate themselves with Self-help groups through whom they are able to secure loans from Garmin (rural) banks at low rates of interest. BMSS further engaged with distributors of dairy companies to provide financial guarantees to SHG members who wish to start their own dairy enterprise as the cost of purchasing and maintaining cows is very high.

Challenges and Learnings

- Introductory meetings with Sarpanch, Mitanin, and SHG groups took more time as they are busy with agricultural activities. However, consistent efforts by the team eventually helped these meetings happen and the initiative was communicated.
- Developing networking with different sarpanch of different villages is also very difficult as all of them are not available in one place. After regular one-to-one meetings with each of them, networking was developed for Social protection.
- Facilitating social protection schemes for communities is proving to be a challenge as many individuals don't have the required documents and do not exist in the government database. Teams



are consulting with government officials to navigate these challenges and facilitate these benefits for the communities.

- The team has also faced setbacks from government officials in understanding the requirements to facilitate SP applications or existing challenges in processing the current applications. However, working in collaboration with the village level leaders and authorities helped the team navigate the system level challenges. Often, the Sarpanch and other leaders would accompany the team and proactively discuss the importance of speeding up the facilitation of these services.
- The government of Chhattisgarh did not give permission for conducting screening camps. The team worked very closely with the officials to make them aware of the initiative and attained permission for conducting camps.
- There is still some hesitancy among the community members to get vaccinated or give any information to the BMSS team required to avail the HII services. Due to their experience with the authorities and delay in receiving services, individuals are sometimes reluctant to apply for schemes and other services. Because of the continuous interaction with community members, the team was able to understand the challenges faced by the community with respect to vaccination and accessing social protection services which helped them prioritize and customize the interventions to best suit the needs of the community.
- Vaccine shortage is another challenge faced by the team. Community members sometimes become restless when they don't receive vaccination despite visiting the center multiple times. With the implementation of the HII project, BMSS is able to bridge these gaps to some extent by relaying information between communities and authorities properly.
- Capacities of government officials need to be built at multiple levels of implementation to ensure that they understand and respond to the challenges faced by communities. Transparency in work and proactive communication with government officials have led to successful collaboration with officials which lead to efficient service delivery.
- Capacities of communities need to be built further to ensure that they find voice and agency to raise their concerns with concerned stakeholders and find solutions.
- Important to focus on livelihood opportunities for communities in addition to providing health services.
- Constant capacity building of internal teams was necessary and undertaken to continue combating the impact of the 3rd wave - supporting communities to be safe and deliver required services.



GLIMPSES OF IMPLEMENTATION FROM THE FIELD





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Dashboard of Key Indicators - Chhattisgarh:

S.NO	Key Indicator	Target	Achieved	Population Covered	
				Male	Female
1	Number of individuals received vaccine awareness	350000	341266	156436	184830
2	Number of people reached with Vaccine registration support	200000	144126	67414	76712
3	Number of people taken at least one dose vaccination	100000	161556	78056	83500
4	Number of people taken complete vaccination	50000	105037	48673	56364
5	SP Awareness	300000	264116	121376	142740
6	Enrolled for Scheme	45000	47906	21892	26014
7	No. of People reached through NCD Screening	45000	44311	18942	25369
8	No of grampanchayats supported with help desks set up			70	
9	No of Screened Positive for Any NCD	NA	2354	1149	1205



Dashboard of Key Indicators - Bihar:-

S.NO	Key Indicator	Target	Achieved	Population Covered	
				Male	Female
1	Number of individuals received vaccine awareness	250000	259883	125743	134140
2	Number of people reached with Vaccine registration support	200000	133343	64450	68893
3	Number of people taken at least one dose vaccination	100000	141710	68918	72792
4	Number of people taken complete vaccination	50000	94575	46324	48251
5	SP Awareness	300000	223866	109509	114357
6	Enrolled for Scheme	30000	44079	22078	22001
7	No. of People reached through NCD Screening	30000	49041	22283	26758
8	No of grampanchayats supported with help desks set up	64			
9	No of Screened Positive for Any NCD	NA	2863	1391	1472



VOICES FROM COMMUNITY

“Mrs. Sadhna Narang, is 85 year old. She resides in a temple as she does not have any family member to support her in her old age. When our field worker got information about her, they visited and tried to understand her problem. They found that she does not receive any pension as her name is not there in the 2011 voting list. After taking her case to District Council Ward, she was assisted in securing a below poverty line through which she could afford to avail ration for herself.”

“Mitelesh Yadav blindness has affected his ability to earn a decent living because of which he is completely dependent on begging as a profession to feed his family. His wife’s paralysed leg has also affected her ability to work. Having to take care of their two children, they are faced by daily challenges of trying to earn enough for a day. In order to help them avail schemes for disabled individuals, we have applied them to Nirashrit pension yojana through which they will be able to earn more than they did through begging.”

“Mrs. Santi Devi, is a 75 years old widow residing in a rented house. Living alone in her house she does not have any support from anyone. After interacting with her on availing social protection schemes, we were able to enroll Ms. Devi to the Widow Pension Scheme. The scheme has helped her to receive enough pension to provide for herself.”