NATHEALTH™
Healthcare Federation of India

Centre for Knowledge & Development

‘Win with Vaccines’ - End Term Report (August 1 - November 30, 2022)

IPE Global Centre for Knowledge and Development

10/14/22

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ABOUT IPE GLOBAL CENTRE FOR KNOWLEDGE AND DEVELOPMENT (CKD)

IPE Global Centre for Knowledge and Development (CKD) is a not-for-profit, knowledge-driven, community-focused, partnership-building, forward-thinking organisation. We relentlessly pursue building the agency of women, adolescents, and children by providing equitable access to health, nutrition, education, and 21st-century skills, livelihood, and employability. With a commitment to leave no one behind, our fundamental principles of diversity, equity and inclusion drive all our goals.

Our Commitment to Women, Girls, and Children

Our mission is to co-create sustainable, cross-disciplinary solutions that are effective and scalable. Our commitment drives us to preserve diversity and ensure equity and inclusion, keeping women and children at the centre of our focus. We make dedicated efforts to alleviate barriers to the agency of historically disadvantaged groups.

Our Goal

Create an alliance of engendered and mission-aligned partners to support 20 million women and girls to realise their full potential by 2040

ABOUT NATHEALTH

The Healthcare Federation of India (NATHEALTH) has the vision to become a credible quality and unified voice in improving healthcare access. To build the healthcare industry's future, NATHEALTH brings diverse voices, engaging perspectives, and meaningful dialogues to accelerate the pace of transformative care. NATHEALTH's mission is to foster innovation, bridge the skill and capacity gap, shape policy ecosystems, and enable the environment to fund long-term growth.

INTRODUCTION TO 'WIN WITH VACCINES'

RATIONALE

Supported by NATHEALTH, Win with Vaccines is a CKD initiative in partnership with Voluntary Health Association of Assam (VHAA), to build COVID-19 vaccine confidence in five low-coverage districts across Assam and Haryana. According to a recent study[1], vaccine hesitancy is dominated by myths and misbeliefs. (Fig 1). CKD's experience in implementing 'Risk Communication and Community Engagement initiatives for COVID-19

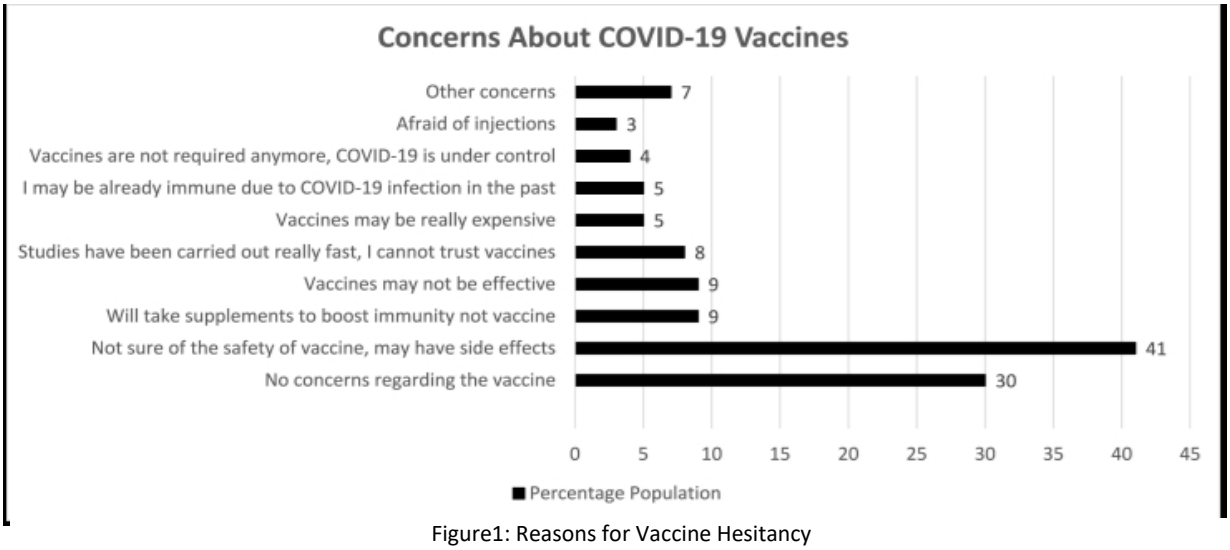


Figure1: Reasons for Vaccine Hesitancy

Vaccination, has provided learnings to best design a strategic model for this campaign leading to timely results. This project has enabled the communities to better understand the importance of vaccination against COVID-19. It has also built capacities and fostered public-private partnerships. The success of this project had great potential to be scaled up, and made available to a larger, more varied, and vulnerable groups of beneficiaries.

OBJECTIVE

The objectives of this project were:

1. Address vaccine hesitancy by busting myths and misconceptions
2. Create Vaccine confidence through Behaviour Change Communication
3. Engage government and private stakeholders for increasing coverage of COVID-19 vaccines
4. Support the government in the vaccination drive
5. Drive Behaviour change and disseminate information around COVID appropriate behaviour.
6. Build Public-Private partnerships to scale up the vaccine acceptance

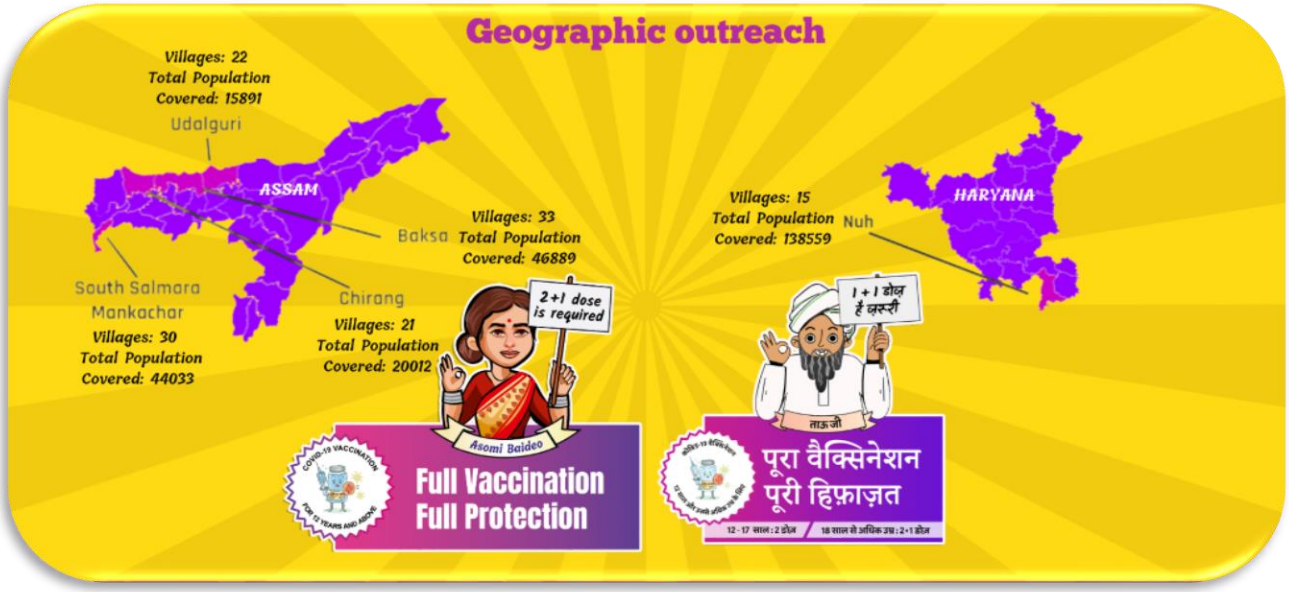
IMPLEMENTATION STRATEGIES

[1] Chandani S, Jani D, Sahu PK, Kataria U, Suryawanshi S, Khubchandani J, Thorat S, Chitlange S, Sharma D. COVID-19 vaccination hesitancy in India: State of the nation and priorities for research. Brain Behav Immun Health. 2021 Dec;18:100375. doi: 10.1016/j.bbih.2021.100375. Epub 2021 Oct 19. PMID: 34693366; PMCID: PMC8523306.

- Dissemination of a focused communication campaign, using collaterals with greater outreach and acceptance.
- System strengthening through capacity building of key stakeholders
- greater uptake of vaccination and enhanced confidence in the benefits of vaccination

THE RATIONALE FOR SELECTION OF DISTRICTS, BLOCKS AND VILLAGES

The districts of Nuh in Haryana and Baksa, Chirang Udalguri & South Salmara in Assam have been selected due to low vaccination coverage. These districts were selected and provided by NATHEALTH as locations for implementation, based on its low coverage of COVID-19 Vaccination. They are tribal dominated and have religious minority communities who have shown an extreme resistance towards the Covid Vaccine. This project, therefore, focuses on conceptualizing and undertaking a campaign that can ensure uptake in vaccination numbers among these groups. Additionally, the specific blocks and villages were identified by the project team in consultation with **the government stakeholders identified through our preliminary mapping and engagement.** The relationships established with these officials were instrumental in advising and directing us towards the blocks and villages with high vaccine hesitancy.



Haryana:

The local Nuh population have limited mobility and interaction with people outside of Nuh. This led to limited impact of COVID-19 severity during the pandemic. Thus, the need for the COVID vaccination has not been fully realized. Our entry point in the community was through the **District Immunisation Officer** who had

advised CKD that Punhana should be taken up as the intervention block. A list of 15 villages with the least number of vaccines administered was provided by **the Public Health Centres** of Punhana, which the **Chief Medical Officer** signed off on.

Assam:

For Assam, the target geographies were identified with the help of the district and block health authorities of the National Health Mission and the District Health Services units. The health officials recommended 2 blocks in each district, with 15 villages in each, where the government has been unable to achieve the desired coverage (Total 30 villages in each district of Assam). The DIOS and other concerned health officials specified the blocks, following which the project team consulted the Block Program Managers for listing the villages. Subsequently, the **District and Block Coordinators,** with the guidance of community-level health workers like the **ASHAs, ANMs and AWWs**, cross-check and map out the details of the specific villages. Upon multiple verifications, the final list of select villages was shared by the health department
These villages had vulnerable population due to various reasons, ranging from lack of awareness, low literacy levels, plenty of myths and misconceptions and remote locations in hard-to-reach pockets, especially referring to the riverine areas (in South Salmara) and the areas bordering the forest area.

TARGET GROUPS

The 'Win with Vaccines' campaign primarily focused on the **Left out, Drop-out, and Resistant (LODOR) populations** across all age groups to raise awareness and build confidence in vaccination. The project covered specific blocks within intervention districts which were remote, tribal and had a lower awareness level amongst the communities. Historically **marginalised groups and communities** within these blocks, such as **women, senior citizens** and **religious minorities** were further prioritized. The campaign also focused on the **younger population (12 to 17 years old)**, among whom vaccination had been announced, yet not initiated by the government in these districts.

Engagement with Government and community level stakeholder from the beginning of the project led to local insights and information that was instrumental in identifying exact villages and beneficiaries as project **target groups**.

Haryana:

Nuh District in Haryana is majorly inhabited by the **Meo-muslims,** who are indigenous to the Mewat region. They have rigid views linked to infertility, myths, and regressive beliefs against vaccines. Therefore, engaging the **elderly** who are heads of families was critical to lead any deviation in behaviours. The Meo Muslims have frequent community congregations around religious activities, therefore, religious leaders play a very important role. Thus, the **Imams and Maulvis** are a major stakeholder in our project as they have the capacity to influence a huge population of followers unquestionably. Through community level mobilization, the existing network of the Imams and Maulvis assisted in information dissemination.

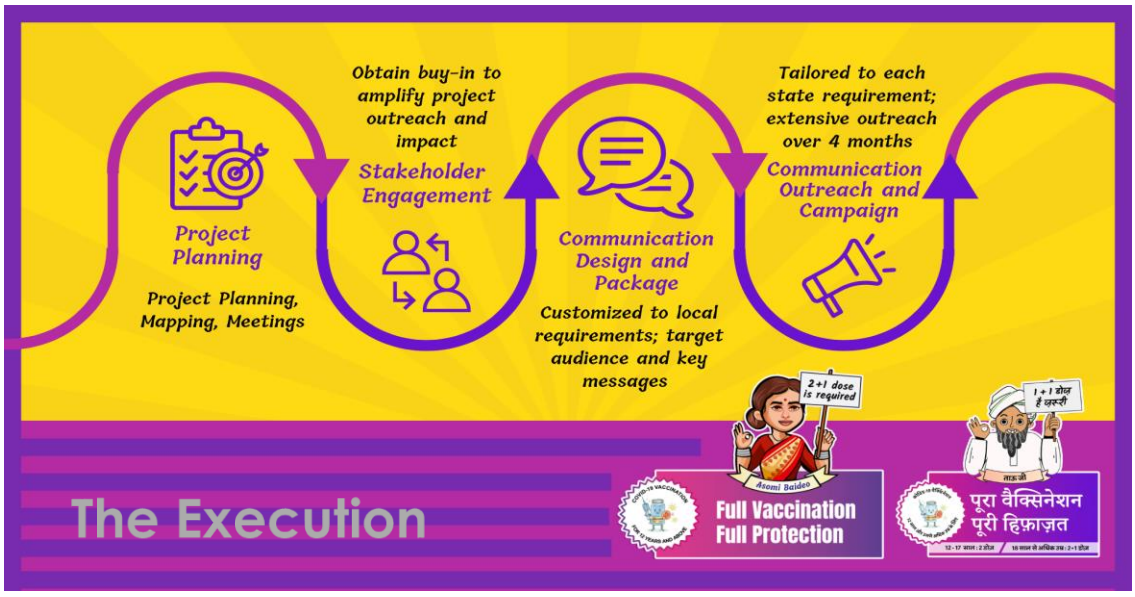
The Meo-women are restricted to the private sphere therefore, they have limited access to latest knowledge and information. The outreach to the women was therefore planned through two touchpoints - the Livelihood Mission **Self-Help Group Meetings**, and the health facility touch points. The Health Department assisted through mobilization at all levels, especially through the **ASHAs, ANMs** and **the Anganwadi workers** who have direct contact with the women of the villages. Schools were an important medium to reach out to the adolescents,**12-17 age group**. The **education department** assisted in mobilizing **schoolteachers** to pro-actively sensitize students.

Assam:

The communities in the target villages were a mix of indigenous tribes like the Bodos and Rabhas, and migrant Bengali/Nepali speaking populations. As most of these communities are very close-knit, **village/community leaders** were onboarded as influencers and as the first line of communication. For e.g., the support of the village Pradhan, village leaders, religious leaders in the intervention villages have been secured. The **religious heads** like the church priests, and self-help group leaders are also being targeted to amplify project message amongst the communities. Other key beneficiaries were **pregnant and lactating mothers** since this group is still hesitant to take the vaccination, despite the government having issued multiple notifications. The third and very important group of beneficiaries is the **students, children and youth in the age group 12 to 17** who are reluctant to take the vaccination. The team liaised with the **Director Health Services (FW), State Immunisation Officer (SEPIO)** and **the Jt. Director, Covid Vaccination** to validate the project design.

APPROACH AND METHODOLOGY

The execution pathway designed at the beginning of the project, guided the project activities. The component of stakeholder engagement was continuous from beginning to the end and ensured a continuous feedback mechanism.



A. PROJECT PLANNING

Team

Win With Vaccines project has been designed and subsequently implemented by a team comprising of diverse ethnicity and disciplinary backgrounds needed to deliver this time bound focussed intervention. The project brought together experts in governance, behaviour change communication, tribal rights, minority, gender. CKD collaborated with **Voluntary Health Association of Assam (VHAA)** to combines its technical expertise with VHAAs' regional expertise. VHAA has extensive experience in working across the intervention districts on various health and development projects and had recently undertaken projects on routine immunisation. Their exemplary work over the years led to them being nominated as members of the Assam State Task Force for Immunisation. The core team, based out of Delhi, undertook project management responsibilities for the district of Nuh, Haryana providing continuous guidance and support to the District Coordinator. **District coordinators**, across Assam and Haryana, were selected from the target communities who had experience of working on COVID-19 hesitancy projects. The **national team** provided continuous **technical support.**

Figure 3: Team Personnel

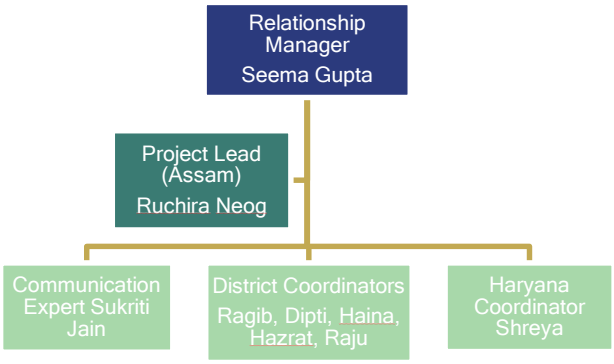


Table 1: Team Profile

Name	Designation on Project	Profile
Seema Gupta	Relationship Manager	Manages the project as the national team lead and strategic lead for the state teams
Sukriti Jain	Communications Expert	Designs and manages communications strategies for the project
Shreya Chowdhury	Coordinator - Haryana	Coordinates on field and off field deliverables for Haryana. Manages district coordinators.
Ruchira Neog	Project Lead (Assam wing)	Leads the Assam state team. Manages and coordinates the on field and off field activities in Assam
Mohammad Raqib	District Coordinator	Responsible for on field activities in Nuh district in Haryana
Deepti Goyari	District Coordinator	Responsible for on field activities in Udalguri district in Assam

Hozrat Ali Ahmed	District Coordinator	Responsible for on field activities in South Salmara district in Assam
Haina Hazwary	District Coordinator	Responsible for on field activities in Chirang district in Assam
Raju roy	District Coordinator	Responsible for on field activities in Baksa district in Assam

These state teams were uniquely placed for four reasons. First, they are specialized - bringing skills that are exclusive and complimentary. Second, for their diversity, bringing together unique experiences and insights from the target communities. Third, they are well-informed about the context and magnitude of the problem that is to be addressed Finally, for their collaborative attitudes.

The Project Model

The technical expertise, local insights and inroads of the project team was the backbone for the strategic **trifecta model** adopted in this project. The three components that operated in tandem are –

- Government stakeholders (administrative decision-makers)
- Community-level stakeholders (referred to as influencers),
- Behaviour Change Communication.

The **government stakeholders** who have been mapped and engaged with, provide the approvals and connections that allow for access to **community-level stakeholders**. The community-level stakeholders, who interact with and operate within the beneficiary communities, provide inroads into the community. Some of these stakeholders onto the project as influencers. Their buy-in into the project allowed for necessary insights

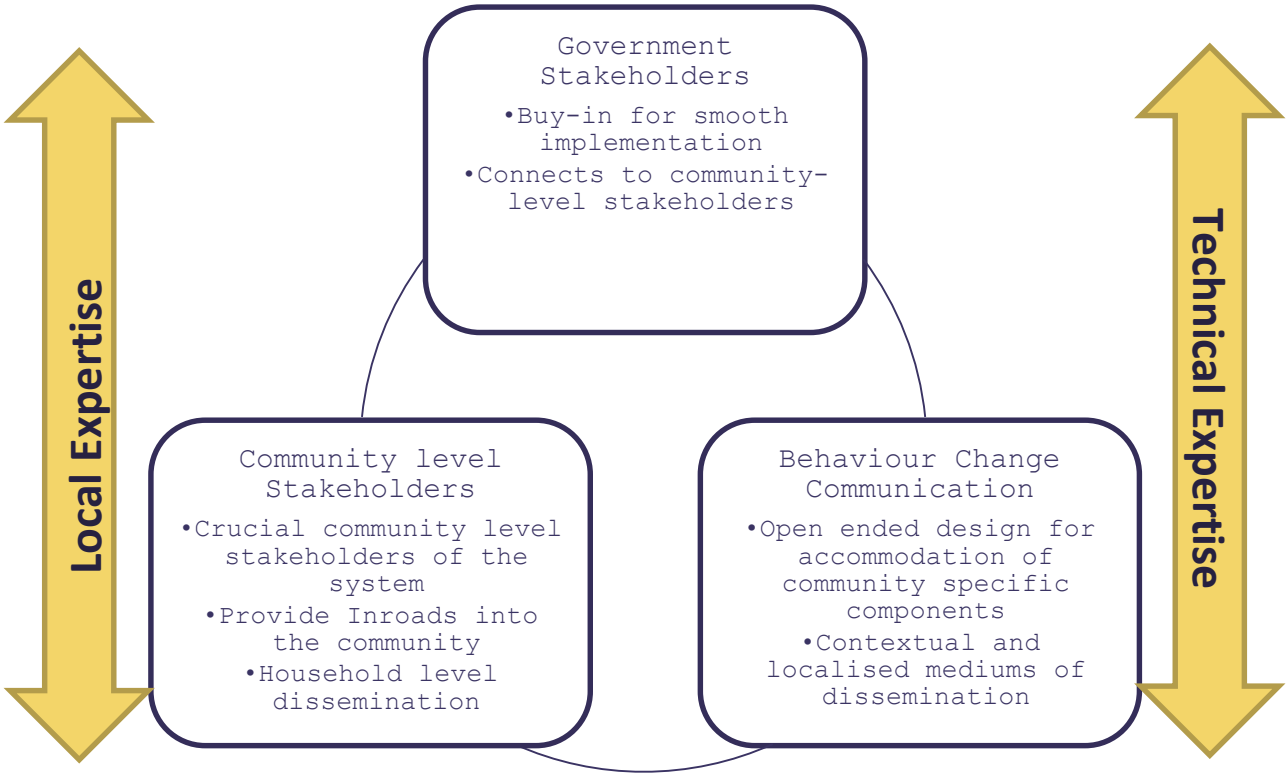


Figure 1: The Strategic Model

and operational assistance in the **BCC campaign design and dissemination**.

The **open-ended design of the BCC campaign** imbibes community-level insights and perspectives of the influencers. This is reflected in the design of this campaign that is curated for maximum reach and accessibility to the beneficiaries in the community. This design/model has enabled the project to maximise its impact by leveraging the established trust between the community and the influencers. Onboarding community level stakeholders as influencers resulted in them being exposed to multiple touchpoints of engagement in the project. In the process, there capacities were also built. When coupled with the campaign's implementation taking place through them, the result was an **inherent strengthening of government systems**, starting from the field level. With the three components of this model operating in tandem, the behaviour change intervention has shifted behaviours of community leaders-elders, front line health workers, women, and children to prioritize vaccination. Building their capacities along the way, will lead to government systems being strengthened from the ground up.

B. COMMUNICATION STRATEGY

The communication strategy was conceptualized based on insights from the team of diverse ethnicity and expertise, along with inputs from the government and community stakeholders. In innately resistant communities, the project aspired to achieve Positive Deviance (PD). Positive Deviance is based on the observation that in every community there are certain individuals or groups whose uncommon behaviours and strategies enable them to find better solutions to problems than their peers, while having access to the same resources and facing similar or worse challenges.

To promote social change from inside out, and leveraging local wisdom, our concept was operationalized by creating a **mascot**, a spokesperson who will disseminate the key message, allay fears, remove misinformation and like a true talking head encourage the community to get fully vaccinated. The role of the mascot is to act as an identifiable, relatable, and visually appealing medium of communication and dissemination for the campaign. . The mascot was customised and curated to appeal to the community's sensitivities, such as language and other cultural characteristics. Assam's mascot and Haryana's mascot share mannerisms and specific features. Still, they have distinct visual and communicative elements that can make them recognisable in both of our dissemination contexts. These characteristics also ensure maximum outreach dissemination. The mascot was tailored to **'Tau' from Nuh and 'Ahomi Baideo' from Assam**. 'Tau' are elderly men in Nuh and 'Baideo' are elderly women in Assam, who are well respected within the community. They are like mentors or guiding lighting, who give knowledge and confidence required to overcome fear and challenges.

C. TARGETED AND TAILORED COMMUNICATION

The approach of the communication campaign, in terms of both the collateral type and numbers as well as its dissemination was kept open and flexible. The campaign was envisaged to be targeted and tailored to the target communities' outlook and perceptions.

- Building on **government and community engagements and feedback** from such interactions, the campaign ensured that the design of the collaterals is cognizant of the beliefs, priorities, and apprehensions of the community.
- The messaging regarding getting the vaccine doses was distinctly curated for adults and the young population (aged 12-18). The adults were delivered a **'2+1'** campaign, that implores them to get the 2 primary doses and the booster dose which they are cleared for. While the **'1+1'** messaging caters to the younger population, by educating them on the need to get the primary 2 doses. Such nuanced curation of the messaging on the mascot ensured clear message for the two-sub sections of the targeted groups.
- The communication collaterals were designed by the National team, with support of an experienced communication agency, as an editable template. These collaterals were then **translated** and contextualised with data that is relevant to the implementation regions. As a result, the BCC materials

have been disseminated in local languages – in Assamese, Bengali and Bodo in Assam and in Hindi for Haryana. This addressed the language barriers making the campaign more accessible for the target population.

- **Multiple channels of dissemination** have been taken up, with the intention of leveraging the traditional mediums of information dissemination that are prominent among the targeted communities. The multiple channels ensured the needs and preferences of the beneficiaries were met and they were able to access the campaign messaging. **Audio mediums** like radio jingle, miking, narrow casting, community consultations were also used to deliver the message to the illiterate beneficiaries.

IMPLEMENTATION PROCESS

A. STAKEHOLDER MAPPING AND ENGAGEMENT:

Government Stakeholders

Department	Designation
Health - District Health Department, including the National Health Mission	DIO (District Immunization officer)
	Chief Medical Officer (CMO)
	Joint Director of Health Services
	District Program Manager (DPM)
	Block Program Manager (BPM)
	Assistant Block Project Manager (ABPM)
	Senior Medical Officer (SMO)
	Medical Officer (PHC)
	Block Data Manager (BDM)

	Community Health Officer
State Rural Livelihood Mission	Block Program Manager (BPM)
	District Program Manager (DPM)
	BC (Block Coordinator)
Education	District Science Specialist
	District Inspector of Schools
	School Management Committee (SMC)

The Department of **Health, Education** and **Livelihood Mission** were identified as ideal pathways to gain quick inroads into spreading our campaign on tackling vaccine hesitancy credibly. They were approached as the primary **stakeholders** in this project. Each department (and the main administration) has enabled for stakeholder mapping, beneficiary identification & outreach. Stakeholder mapping was **feedback-driven** and operated through information obtained from various touch points. Engaging with the stakeholders as they were mapped has allowed other relevant stakeholders to be identified and subsequently engaged with. Within the first month of the project, all relevant partners, stakeholders, and beneficiaries were successfully mapped. Continuous engagement with them was maintained throughout the project's lifespan. The following showcase some of the key officials at the state, district and block levels who were mapped and subsequently engaged with.

Figure 5: Government Stakeholder Mapping

Figure 2: Glimpses of Government stakeholder engagement

They also provided us access to crucial ground-level stakeholders in the form of **ASHA (Accredited Social Health Activist), Anganwadi and ANM (Auxiliary Nurse and Midwifery**) workers. Beyond this**, approvals** to operate and impact in the relevant districts were obtained from the relevant authorities, such as the **Deputy Commissioner, District Immunization Officer, Chief Medical Officer, Joint Director of Health Services** and **District Education Officer.** Apart from providing approvals (attached as separate files), these officials assisted in selecting blocks and villages to target for our outreach. After gathering these insights from our engagement, the stakeholders have been categorised into **Government officials (at various levels), Self-Help Groups and other CBOs,** and **Community Level Influencers.** Through these processes and feedback, we were able to **map more diverse and localized stakeholders,** some of whom have been tabulated below.

Community Level Stakeholders

In our initial level of mapping and engagement, stakeholders were able to direct us, provide us with contextual insight that influenced the rest of the project planning strategy. Identifying key beneficiaries, and at-risk blocks and villages, were important aspects of our planning. It ensured that sufficient efforts were put into reaching these vulnerable sections of the population. It also allowed for the identification of on-ground, i.e., community-level stakeholders, whose localised expertise was crucial to reach the population and conveying our campaign. We were able to access these stakeholders at the community level due to the inroads provided to us by the district and state-level government officials. Through these processes and feedback, we were able to **map more diverse and localized stakeholders,** some of whom have been tabulated below.

Table 2: Community-level Stakeholder Mapping

Stakeholder	Category	Engagement
ASHA (Accredited Social Health Activist)	Community Level Government	ASHA workers assisted us in accessing women and children, as they have the community reach up till the households.
Anganwadi workers	Community Level Government	AWW have direct access to parents and children, a crucial target group of our campaign. Assisting us in dissemination through this means
Auxiliary Nurse and Midwifery (ANM)	Community Level Government	ANM workers have significant access to pregnant and lactating mothers, a vulnerable target group. Assisting us in dissemination through this means
Self-Help Groups	Community-Based Organisation	Women's Self-Help Groups are an important avenue of accessing women for outreach. They are also helpful in dissemination as the SHGs possess access to various community spaces and households.

Religious and Tribal Leaders	Community Leaders	Community-based leaders have a strong voice which has reach and effect on communities. Leveraging these leaders for outreach and dissemination is an important facet of our campaign. They are also crucial in identifying groups within villages, who were vulnerable in terms of vaccine coverage.

Figure 3: ASHAS, ANMs and Anganwadi Workers Onboarded as Influencers

Influencers

For this project, we nurtured influencers as the focal point for the implementation of our campaign. An influencer was a community level stakeholder who had established inroads into the beneficiary communities. At the community level, we mapped the influencers within each village and oriented them in person on our program goals and strategies. The selection of influencers was done with an **understanding of the diverse communities** that the campaign catered to. We mobilized Health and Livelihood department's front line such as **ASHAs, ANMs, AWWs and SHGs**. We also connected with **religious leaders, tribal leaders, school staff** and **governing councils such as panchayats**. These influencers were a critical component of our program design and the final leg of communicating the key message in terms of ground-level person-to-person outreach. The buy-in of influencers once secured, supported our outreach and dissemination activities, including magnifying the community consultations.

Table 3: Influencer mapping

District	No. of Influencers	Types of Influencers
Nuh	31	SARD NGO Mobilizer, ANM, ASHA, AWW, Community Leader, Doctor, Government Doctor, Government Teachers, Head IA, Local Leader, Mobiliser, Parent of Immunized child, Social Worker, Teachers, Village Head
Baksa	43	Community Leader, PRI Chairman, Teacher, Vaccinated Person, Village Head, Asha
Chirang	18	ANM, Asha, CHO, Jeevika Sakhi, Primary Secretary, Sakhi Mitra, Teacher, and Local Head, BCDC Member, Village Head, Mobiliser
South Salmara	15	Village head, Asha, Jeevika Sathi, Teacher, Vaccinated Person
Udalguri	15	Members experienced in community mobilisation, religious leaders, Vaccinated Person, ASHA worker, Youth Member, Youth Member, ASHA worker, Vaccinated Person, experienced in community mobilization programme, NHM, Social Worker, ASHA worker, Jeevika Sakhi
Total	**106**	

Other Networks

Beyond our mapping of government stakeholders, we have engaged with several non-governmental stakeholders to leverage their resources and expertise for achieving better results in implementation. Local partnerships also provide additional inroads ensuring that our campaign is contextual, locally accepted and has prolonged retention within the communities. These are some of such organisations and local NGOs we have engaged with:

Figure 7: Non-Governmental Partners

State	District	Block	Block level NGO/CBO
Assam	Chirang	Sildli and Boro Bazar	IGSSS
	Udalguri	Udalguri	Astha NGO
	Udalguri	Udalguri	Orai Thulunga
	Baksa	Tamulpur	Gramya Vikash Manch (GVM)
	South Salmara Mankachar	Gazarikandi	North East Zone Welfare Development Society
	South Salmara Mankachar	Gazarikandi	Ramdhenu Society
	South Salmara Mankachar	Gazarikandi	Jeuti
Haryana	Nuh	Punhana	SARD
	Nuh	Punhana	J-PAL
	Nuh	Punhana	C-GPP
	Nuh	Punhana	CRS
	Nuh	Punhana	Smile Foundation

B. BEHAVIOUR CHANGE COMMUNICATION (BCC) CAMPAIGN

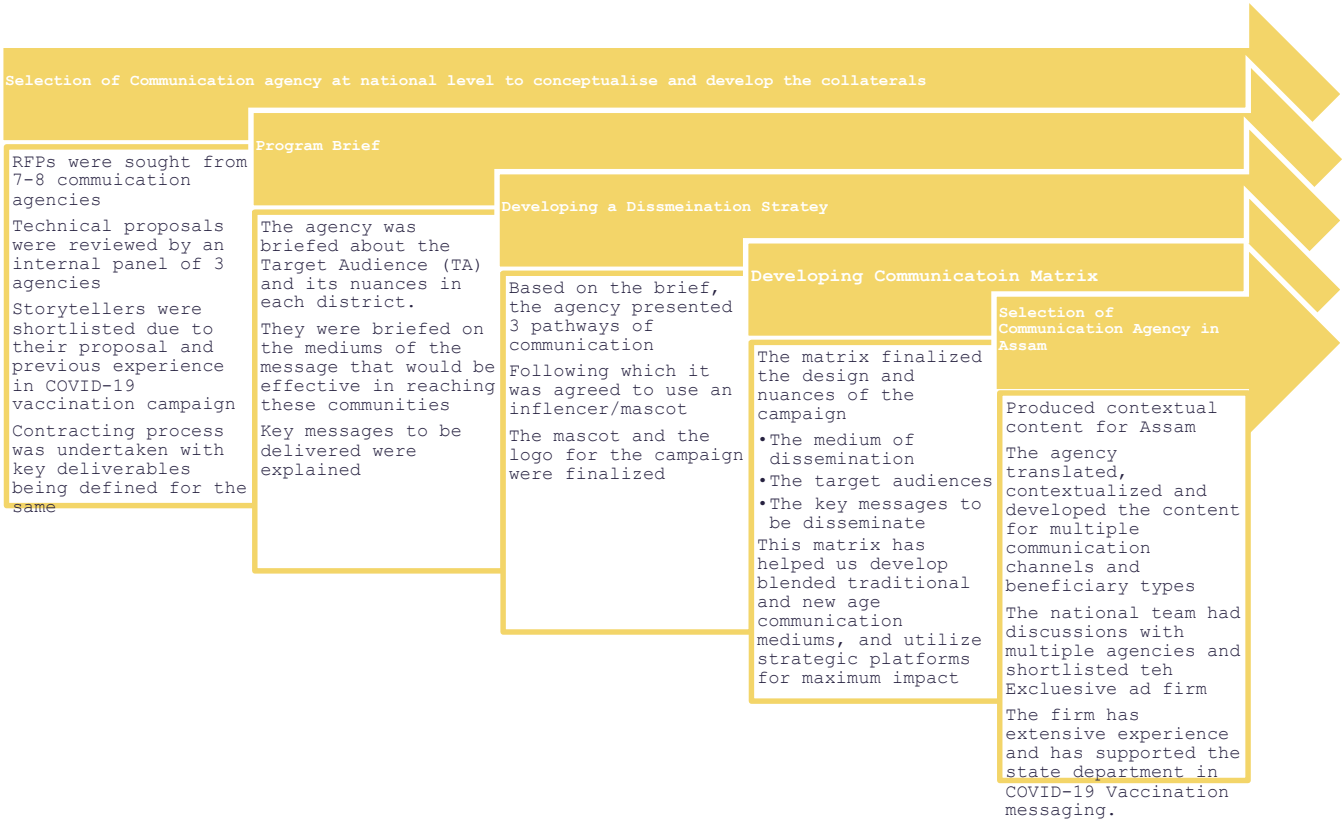
Community Consultations

Community consultations led by District Coordinators and then influencers, with support from the local and national teams, were a staple component that took place throughout the lifespan of the project and allowed for various components of the project to be carried out with simultaneous and updated knowledge of community outlook towards the campaign. The preliminary stage of implementation required a better understanding of the community's concurrent issues, and a broader understanding of the community's opinions and perspective on vaccination resistance. The understanding informed the design and dissemination of the campaign. These consultations were designed to be regular meetings with the community.

The project lead in Assam, have coordinated with the Assam communication agency and ensure accurate translations. The agency will also be responsible for dissemination across some mediums like wall paintings, printing collaterals. One of our flagship interventions, which showcases the benefits of a ground-up, context driven Behaviour Change Communication model for our campaign, was the development of a mascot to facilitate dissemination of our catered collaterals. The role of the mascot is to act as an identifiable, relatable, and visually appealing medium of communication and dissemination for the campaign. The mascot has been customised and curated to appeal to the community's sensitivities, such as language and other cultural characteristics. Assam's mascot and Haryana's mascot share mannerisms and specific features. Still, they have distinct visual and communicative elements that can make them recognisable in both of our dissemination contexts. These characteristics also ensure maximum outreach dissemination

Dissemination Pathway

To have a tailored, and contextual campaign, the strategic model was created before initiating the material dissemination. The national team undertook an extensive exercise to implement the dissemination of the communication material, the details of which are given in the image below.



The project lead in Assam, have coordinated with the Assam communication agency and ensured accurate translations. The agency was also responsible for dissemination across some mediums like wall paintings, printing collaterals. Additionally, local vendors were also identified and onboarded, especially in Nuh.

Figure 4: Disseminated Communications Collaterals

Communication Matrix			
Campaign type	**Relevant Population Group**	**Excerpts of Key Messages**	**Dissemination numbers**
Fliers (2)	For Resistant/dropouts/left-out adults; Parents of 12-17-year-olds; Teachers at school/ Sarpanches/ Anganwadi workers	- Stressing the importance of children coming back to school/ continuing to attend school without fear of infection - "You are not safe until you take both vaccine doses and 1 booster", "All vaccines are available for free at your nearest healthcare centre"	1000 fliers
Posters (5)	For Adults missed by govt. coverage; Dropouts after 1 dose; Children 12-17 years; Hesitant PLWs (pregnant and lactating women)	- Stress that the vaccines are available for free - Clarify that COVID-19 is not gone - Many people in your community who have weakened immunity can be at a higher risk of infection	2000 posters
Wall Paintings (3)	For school-goers; resistant adults, especially women and elderly people; Vulnerable groups like PLWs/Disabled/ elderly	- "I protect you - you protect me! Get yourself vaccinated (2+1). " - "Keep your school, your community, and your environment COVID-free" - "Irrespective of the age, caste, disability, your family member needs to be protected from Severe COVID. Please help them get vaccinated."	60 paintings
Miking messages	For Working adults, especially migrant workers	[Preferably musical/jingle] Let's use all the tools available to us to stop the spread of COVID-19 so that it does not rob us of our ability to live and earn a living once again. -Clarify that COVID 19 is not gone - Remind people to return to get the next dose, by raising awareness on the intervals between two doses - Assuring them that the vaccine is safe to use and being upfront about the mild/temporary side effects to expect	2 mikings per block
Video Testimonials	To be used by ASHAs/ANMs/Anganwadi workers and other health providers & health facilities	The video will feature a person who speaks about their vaccination experience and comes out on the other side hale and hearty	3 posts on social media
Banners	For all dropouts; Parents of school-going children	"Durga puja is here, so is COVID. It hasn't gone away Enjoy your festival fearlessly	80 banners

	during school functions; All attending Durga Puja/Any other religious function	by getting yourself and your family fully vaccinated “ - Reminding parents of how much they do for their children - asking them to add this to the list	
WhatsApp Messages	For Parents of 12-17-year-olds; Resistant/dropouts/left-out adults; For Students going back to school; To be used by Influencers like ASHA/ Sarpanch. Etc Religious leaders	- 5 ways in which they can change minds and behaviours, influence actions and thereby increase uptake of vaccine in their community	Disseminated through influencers
Social Media Static Posts/GIFs/ Infographics	For Resistant groups, School Teachers, and Parents of unvaccinated children; Dropouts after 1 dose; School and collegegoers; Vulnerable groups like PLWs/disabled or elderly persons; For sharing project updates/key features with donors/partners/ horizontal learning	- Testimonial video of community influencer formatted for Facebook Stories/Feed - Photo or memorable quotes carousel based on the state consultations, workshops - Content to showcase the project’s progress, success, and key elements	4 GIFs prepared. 4 Infographics prepared. Uploaded on social media platforms
Radio Jingle	For the entire community, reiterating the need for complete vaccination	It is important for all to take so that the entire community is safe and protected	120 per month

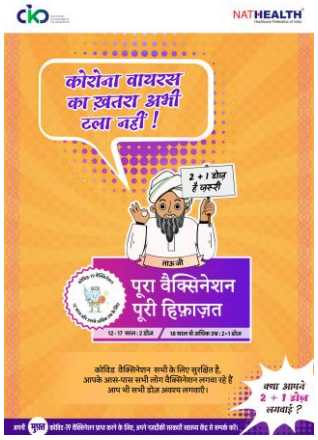
Development of the BCC Kit

The Behaviour change communication campaign uses an open-ended and context-driven design strategy, wherein the medium of dissemination is determined based on its accessibility to the beneficiaries. In this regard, localised mediums of dissemination. Guided by our state partner, government and community-level stakeholders, locally present district coordinators, the campaign’s collaterals were designed at the national level in partnership with a communication agency. The messaging, the schematic curation and the format of information representation were carefully catering to have relevance to the communities where they were to be disseminated. Multiple channels of communication which were culturally acceptable and relatable to the beneficiary communities were chosen.

Based on project strategy and communication planning, CKD designed and produced the necessary collaterals to entrench in the field and ensure maximum reach (Excerpts in table below). The following communication packages have been compiled as part of the campaign.

Excerpts of Collaterals

The BCC campaign's communication collaterals were designed after various levels of stakeholder consultation, community involvement and design thinking processes. The following table contains representations of different communication collateral designs and excerpts showcasing the dissemination in the communities.

Campaign type	Design excerpts	Dissemination excerpts
Fliers		
Posters	 	 

Wall Paintings	 	 

Banners	 	 
Whatsapp Images	 	

Radio Jingle	Link to the audio: https://drive.google.com/drive/folders/1thhmrHVN2ttziROTyyT6jvv6izNAZ06T?usp=share_link	
GIFs	Link to the GIF: https://drive.google.com/drive/folders/1R8mb9OfjMsLWPbn4ZjYe_sxz6kRx18c0?usp=share_link	

Project flow

Represented through photographs

Team Onboarding

Government Stakeholder Engagement

Community consultation

Behaviour Change Communication

Targeted Dissemination

MONITORING AND EVALUATION

Monitoring and evaluation have been integrated into the program design. Feedback loops were imbibed to ensure three key features were incorporated in the project - **Adaptive**: to the specific community; **Participatory**: offering views from multiple perspectives: from beneficiaries and community to the government and **Self-reflective**: to improve design and delivery while strengthening capacity for all. The national team has visited the field and engaged with all stakeholders and other local leads. Monitoring and evaluation were undertaken in three different kinds, detailed below.

Technical Monitoring

- The national team made regular visits to the field.
- 2 visits were undertaken to Assam by the national team
- weekly visits were made to Nuh by the national team.
- District coorinators were briefed and guided on a daily basis.
- Weekly updates were review with the Assam and Nuh teams.

Evaluation Agency

- There is close coordination of resources with the Evaluation Agency. Necessary reports, subject material and field excerpts were provided to the agency
- Support was extended to the evaluation agency for designing monitoring indicators.
- The assam and Nuh visits of the agency were coordinated.
- The national team travelled with them as per request.

Project Reporting

- There were matrices for each district, mapping the resources, detailed popoulation metrics, stakeholder related information and vaccine coverage.
- Similarly, other measurement records have been shared with the agnecy on a reular basis
- Gantt Charts were submitted fortnightly
- The project lead was also reporting to the NATHEALTH Steering Committee.
- Queries from other donors/requirements were adhered to.

Based on our estimates, outcomes were measured and documented. A detailed Monitoring and Evaluation matrix was prepared, with supportive oversight from the M&E agency. The following excerpt of the matrix contains the important activities, monitoring indicators and the outcome measurement that has been done to validate this.

Monitoring Matrix

OBJECTIVE	ACTIVITY	INDICATOR	Results - consolidated data from Baksa, Chirang, S.Salmara, Udalguri (Assam)	Results - Nuh (Haryana)
Address Vaccine hesitancy by busting myths and misconceptions	1. Meetings with Health sector Stakeholders (DIOS, DPM, ASHAs, etc.), Influencers to get a detailed understanding of reasons for vaccine hesitancy among various sub-groups.	1. Number of review/engagement meetings done in a week per district with Health Sector Stakeholders	**This is an ongoing activity but appx. 3 times a week with officials, field level stakeholders or influencers**	**30 meetings**
	2. Identification and finalization of key beneficiaries for targeted communication	2. Approx. Number of beneficiaries identified in select blocks per district	**126825**	**138559**
	3. Onboarding and engaging Influencers (AAA, Teachers, Community Leaders)	3. Number of influencers onboarded in select blocks per district	**75**	**15**
	4. Sharing insights from the field with the Communication Agency for the development of contextualized key messages	no indicator	**Mostly ASHAs, ASHA Supervisor, Village Head, Teachers, SHG members, Jivika Sakhis etc.**	**Mostly ASHAs, ASHA Supervisor, Village Head, Teachers, SHG members, Jivika Sakhis etc.**
	5. Motivate and mobilize AAA (ASHA, ANM and Anganwadi) for deeper outreach.	5. Number of ASHA, ANMs and Anganwadi Workers reached out to in select blocks per district	**216**	**45**

	6. Community Engagement Meetings	6. Number of Community Engagement Meetings	**81**	**30**
	7. IEC/BCC disbursement	7. Number of wall paintings made per block	**88**	**45**
		8. Number of Nukkad Nataks done in a week per block	**3 per block, 24 (total)**	**2 per block**
		9. Number of miking done in a week per block	**8 (total)**	**2 mikings covering 15 villages for 7 days**
		10. Number of banners/ posters disbursed in a block per week	**7200(Total)+ 40 Durga Puja Flex (in district and state)**	**12 banners, 1100 posters**
		11. Frequency of Radio Ads / Jingles run in a week per district (whole district coverage)	**14 spots per week, 60 spots (total)**	**14 spots per week, 60 spots (total)**
Create Vaccine Confidence through behavior change communication	1. Review of existing communications materials	1. Quantum of different types of Communication Material	**Durga Puja Flex -1 Posters – 3 Fliers – 2 Wall Painting -3 Miking – 1 Radio Jingle -1 Static WA message – 1 GIF -1 Nukkad Natak -1 Banners -3**	**Posters - 5 Fliers – 2 Wall Painting -3 Miking – 1 Radio Jingle -1 Static Whatsapp messages – 5 GIF -2 Nukkad Natak -1 Banners -3**

	2. Identification of Locations/Touch points for dissemination of IEC material/BCC Campaigns	2. Number of Locations/Touchpoints identified per village for dissemination of IEC/BCC material	**400**	**110**
	3. Community and stakeholder meetings with multiple groups (SHG, Panchayat, Ashas, SMCs) for vetting the targeted messaging (Concept Vetting)	3. Number of Community and stakeholder meetings undertaken for concept vetting district	**8 at Community Level 16 govt stakeholders**	**8 Government Stakeholders DPM(HRSLM), CMO, DIO, ACS, SMO, MO, CHO, BEO; 3 community level meetings**
	4. Onboarding of Communications Agency in Assam			
	5. Onboarding communications agency in Delhi			
	6. Finalization Of Key Messages and Communication Mediums (Communication Matrix)			
Engage government and private stakeholders for increasing coverage of COVID-19 vaccines	1. Outreach and liaison with departments 2. Leveraging other partner networks	1. No. of Departments and Partner Organizations reached out to per district	**4 (Health, Education, P&RD and District Administration)**	**4 (Health, Education, Livelihood and District Administration)**

		2. Details of departments reached out to per district	**Principal Secretary (H&FW) Mission Director, NHM, Assam Deputy Commissiners of all 4 districts, Jt. Director Health of all 4 districts DIOs, SEPIO, Director Health Services(FW) Inspector of Schools, DEEO, BEEO, DPMs, BPMs of both Health and Livelihood Mission, All other partners like WHO, Unicef, UNDP, JSI, Wish Fdn,**	**Additional District Commissioner (ADC) DIO (District Immunization officer), Chief Medical Officer (CMO), District Program Manager (DPM), Block Program Manager (BPM), Senior Medical Officer (SMO), Medical Officer (PHC), Block Data Manager (BDM), Community Health Officer, Block Program Manager (BPM), District Program Manager (DPM), BC (Block Coordinator), District Science Specialist, District Education Officer(DEO) School Management Committee (SMC), Haryana State Rural Livelihood Mission Officer (HSRLM)**
		3.No. of Departments / Stakeholders on-board per district	**121 (total)**	**45**

		4.Details of Departments / Stakeholders on-board	**Principal Secretary (H&FW) Mission Director, NHM, Assam Deputy Commissiners of all 4 districts, Jt. Director Health of all 4 districts DIOs, SEPIO, Director Health Services(FW) Inspector of Schools, DEEO, BEEO, DPMs, BPMs of both Health and Livelihood Mission, All other partners like WHO, Unicef, UNDP, JSI, Wish Fdn,**	**DIO (District Immunization officer), Chief Medical Officer (CMO), District Program Manager (DPM), Block Program Manager (BPM), Senior Medical Officer (SMO), Medical Officer (PHC), Block Data Manager (BDM), Community Health Officer, Block Program Manager (BPM), District Program Manager (DPM), BC (Block Coordinator), District Science Specialist, District Education Officer School Management Committee (SMC), Haryana State Rural Livelihood Mission Officer (HSRLM)**

	3.Vaccine Coverage data and information obtained in consultation with the health stakeholders (Ashas, ANMs, DIOs)	5.Number of ASHAs reached out to per district 6.Number of ANMs reached out to per district 7.Number of DIOS reached out to	**117**	**46**
	4.Support acquired from the State Health Department (Assam) and the District Health Department (Nuh, Haryana)		**67**	**15**
	5.Finalization of Blocks and Villages		**8 blocks, 120 villages (total)**	**1 block and 15 villages**
Support the Government in the vaccination drive	1. Connect the Government Health Facilities with the community and establish communication both ways with constant engagement with stakeholders on both sides.	1.Number of meetings done with stakeholders per week	**3 per block/district**	**5 per block/district**

	2. Mobilize people to visit the Vaccination centers	2.Number of Community Meetings done per block per week	**3/block.district**	**3/block.district**
	3.Support the Routine Immunization Program that is going on at the village levels by addressing hesitancy in general Vaccination and Health seeking behavior			
Drive behavior change and disseminate information around COVID appropriate behavior	**Total no. of blocks- 9** 1. IEC dissemination Ø Posters Ø Banners Ø Nukkad Natak Ø Vaccine Jingle Ø Wall Paintings Ø Videos on LinkedIn and Facebook Ø Miking	1.Number of wall paintings made per block	**11**	**45**
		2.Number of Nukkad Nataks done in a week per block	**3**	**2**
		3.Number of miking done in a week per block	**2 days per block**	**7 miking per block**
		4.Number of banners displayed in a block per week	**180 (Total including Puja Flex)**	**12**
		5.Number of posters displayed in a block per week	**900 per block**	**1000 per block**
		6.Frequency of Vaccine Jingle run in a week per district	**2 spots per day for 1 month**	**2 spots per day for 1 month**
		7.Number of videos made	**3**	**3**
	2. Community Level Meetings	8. Number of Community Level Meetings done in select blocks per week	**51**	**27**

Build public-private partnerships to scale up the vaccine acceptance	1. Knowledge acquired from existing NGOs and their networks leveraged			
	2. Partnership with Radio to leverage their narrowcasting technique for Community Outreach	1. Number of ads/jingles run through Radio per week	**2 spots per day for 1 month**	**2 spots per day for 1 month**
	3. Support from Durga Puja Pandal Committees for IEC disbursement in Assam	2. Number of Durga Puja Pandals where IEC material was disbursed per block	**5 per block (Total 40)**	**NA**

IMPACT ASSESSMENT

RELEVANCE

The COVID-19 pandemic ravaged the country with unprecedented loss across sectors. The development of a vaccine was the first step to protecting communities by immunization against COVID-19. Hesitancy to take the vaccine, as a product of misplaced beliefs, being influenced by myths and a lack of understanding of the severity of the disease, is a roadblock for achieving the intended impact of the vaccination. The Win with Vaccines project operates within the needs for addressing these barriers to vaccination. Within the national mandate to eradicate COVID9, the project has consulted, designed, and disseminated a BCC campaign that is focused on helping to dissipate vaccine hesitancy in the target districts. This campaign is tailored to assist groups that have showcased maximum hesitancy to the vaccine or struggle from a lack of access due to low information penetration. **Through this intervention design, beneficiaries across various social-economic categories can benefit from increased safety and better access to medical information**. **Systems strengthening also takes place, wherein stakeholders across different levels of the government benefit from the capacity building as a product of the campaign.**

COHERENCE

National and State governments have prioritized increasing COVID-19 vaccine coverage, through camps and drives to provide vaccinations free of cost. While free vaccination addresses the economic burden that underprivileged families experience with medical aid, they do not directly and effectively address vaccine hesitancy. There exists a need to tailor solutions to counter this specific issue at the community level, and the Win with Vaccines project works towards answering this need. **Through our efforts, we engaged with government stakeholders to create synergies with government efforts and increased demand for vaccination.** Our messaging was tailored to the communities and spread information about the availability of vaccinations. The efforts were, therefore, welcomed by the government as it would increase the effectiveness of vaccine drives, not just for COVID-19 but for routine immunization too.

EFFECTIVE

The project has proven effective in achieving its intended outcomes. This was demonstrated by the support, appreciation, and subsequent requests from the department of health across all districts to establish linkages for vaccination drives/camps for the target communities. Details of such success stories have been captured in the testimonials and case studies shared along with this report.

EFFICIENCY

The project was layered on existing public infrastructure and community levers. Leveraging existing institutional access and touchpoints (elaborated in the report) into the community enhanced the efficiency of the project. Achieving deliverables and intended impact within a short time frame of 4 months was only

possible due to the strategic model inbuilt in the design of the project. An experience team further cemented the effectiveness of the project.

IMPACT

The intervention has generated significant positive, intended, impact. The impact addresses the ultimate significance and potentially transformative effects of the intervention.

Note: Representative infographic below, will capture the final numbers.

SUSTAINABILITY:

Error! Reference source not found. The Project Model used is designed to result in system strengthening through the implementation process itself. The engagement with the government stakeholders has led to a sustained relationship between the project and the efforts of the government. As the project is relevant to the issues faced by these departments, and the project objectives have been coherent with the objectives of the government, the established synergies will allow for continued benefits with momentum lasting post the campaign's implementation period. Furthermore, the community-level stakeholders such as the ANMs, Anganwadi Workers and ASHAs and SHGs will have built capacities by being involved in the end-to-end implementation of this project. Their learnings will reflect in future efforts by the government to dispel community-level hesitancies towards vaccinations and other medical initiatives. This project would yield sustained results in the form of more effective vaccination camps, outreach initiatives and systemic learning and capacity building to address vaccine hesitancy.

BEST PRACTICES AND SCALABILITY

Within the short span of the project, the project was able to create a meaningful impact in the direction of addressing vaccine hesitancy amongst the most resistant populations in hard-to-reach areas. The success of this project lies in various crucial components, such as the strategic model that was designed, the mapping and engagement with key govt and community level stakeholders, creation of contextualised, field-tested BCC materials, and the effective localised dissemination methods for generating awareness and changed behaviours of communities. Present below, are some of the best practices, and their associated components of scalability.

COMMUNITY ENGAGEMENT AND PARTICIPATION BY BUILDING AND LEVERAGING LOCAL RESOURCES

Successful Component

There was a focused effort in this project to onboard and leverage the expertise of community members in the districts where the campaign was planned. to be. This aspect of the project ensured a **responsive feedback loop** was maintained, which was crucial for the reach and effectiveness of the BCC campaign. The design of campaign collaterals was contextual and relevant to the communities it had reached, and this was possible due to the involvement of local expertise in the designing process. The material was field tested, before finalisation, and messaging was tailored to get the best responses from the communities. The role of local district coordinators also involved ensuring access to community-level stakeholders. Post the approvals and establishing linkages at the state-level, district-level, and block-level government stakeholders, the district coordinators were able to have **sustained engagement with community-level stakeholders** such as ASHAs, ANMs, Anganwadi workers, and SHG members, tribal and religious leaders. The networks thus formed were crucial for the final aspect of their role – in dissemination. The district coordinators were entrenched in a field that was also a proponent of their own community. They therefore also selected the influencers and together they ensured smooth implementation of the project activities. d.

Component of Scalability

The scalability of the program depends on the local resources whose capacities get built during the course of the program. The DCs, influencers who were engaged in the project, were part of the community, hence they remain to be the main source in the community on whom a scalable model can be build. The initial roadblocks have been overcome, and as the results of the BCC campaign are visible, the model can be scaled up to cover the entire district. **The input of locally present coordinators, in terms of establishing feedback loops, and their output, in terms of stakeholder engagement and dissemination, is crucial to cater to wider and more diverse communities.**

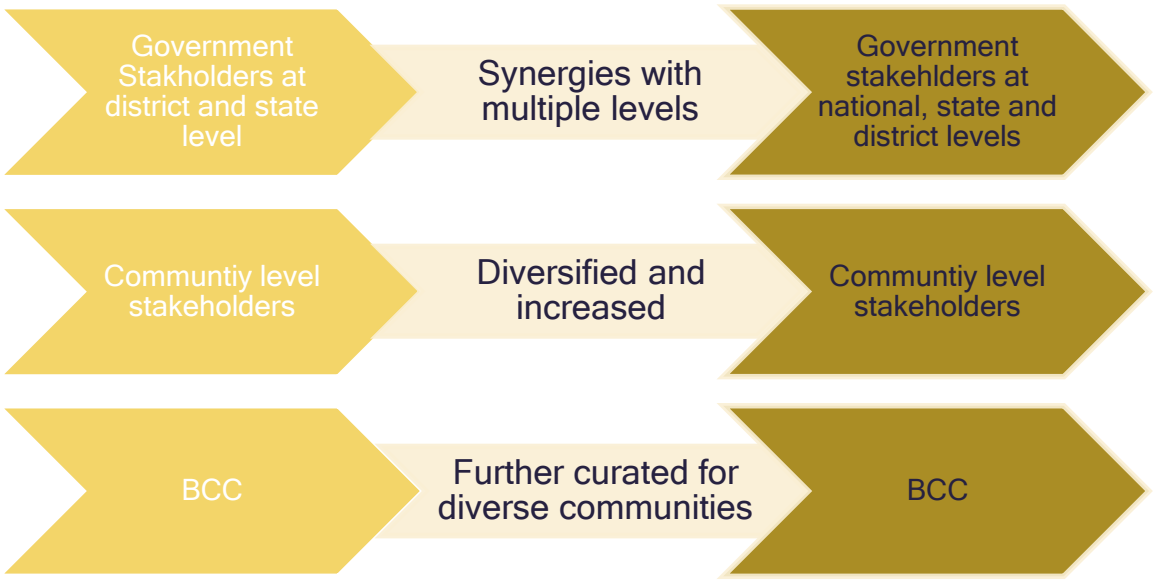
MULTI STAKEHOLDER ENGAGEMENT FOR LAUNCHING THE BCC CAMPAIGN

Successful Component

The model for the project leveraged three components involving the government stakeholders, the community-level stakeholders, and the BCC campaign collaterals. These three components operate in tandem. The government stakeholders provide the approvals and connections that allow for access to community-level stakeholders. The community-level stakeholders, who interact with and operate within the beneficiary communities, provide inroads into the community. The open-ended nature of the BCC campaign ensures buy-in and feedback from these stakeholders. It actively involves them in the project, thus building their capacities towards tackling the issue of vaccination hesitancy. There is inherent **system strengthening** that takes place through the implementation of this model. This can be seen in the setting up of vaccination camps **by the government**, **run by the community-level stakeholders**, influenced by the successful **community engagement as a product of the BCC campaign.**

Component of Scalability

The strategic model for this project acts as a structural backbone, which can be scaled up geographically, with wider population groups and far more stakeholders. The model can sustain this scaling up as it has components that respond correspondingly i.e., with an increase in beneficiaries there is a need for more curated BCC campaigns. This need is met with a more diverse and increased number of community-level stakeholders. The connection with these stakeholders will be possible through the engagement with additional national-level government stakeholders, along with state-level and district-level government stakeholders. **These three components of the model can be traced through the scaling-up process, to ensure that the**



Scaling up through the model

project execution can still take place effectively. The BCC collaterals inform and educate the community, while the BCC campaign process informs and builds the capacities of the stakeholders involved. Witnessing positive uptake of the collaterals from the community, there would be a greater capacity-building initiative from the stakeholders entrenched within these communities. The synergies established with the government will lead to efforts responsive to the project's impact, such as in the form of vaccination drives post-campaign.

DEVELOPMENT AND DEPLOYMENT OF THE BCC CAMPAIGN

Successful Component:

The key proponent of our implementation was the use of Behaviour Change Communication (BCC). **To tackle the intricate issue of vaccine hesitancy, the communication campaign had to cater to the local, contextual, and sensitive needs of the beneficiary communitie**s. With the help of community consultations, engaging with community-level stakeholders and working closely with our locally present district coordinators, the campaign's collaterals were developed, field tested and finalised. The messaging, the schematic curation and the format of information representation were carefully catering to have relevance to the communities where they were to be disseminated.

Furthermore, the dissemination mediums were determined based on the requirements of the locations of implementation. **Multiple channels of communication which were culturally acceptable and relatable to the beneficiary communities were chosen**. These channels blended traditional and new-age mediums, to ensure effective dissemination and high uptake. One such component was the mascots used a format of representing the campaign in the eyes of the community. The role of the mascot is to act as an identifiable, relatable, and visually appealing medium of communication and dissemination for the campaign. The mascot has been customised and curated to appeal to the community's sensitivities, such as language and other cultural characteristics. Assam's mascot and Haryana's mascot share mannerisms and specific features. This represented a component that has been curated for the context. Since the community had misconceptions and apprehensions towards vaccinations, the mascot worked to ease the community towards the campaign by adding a component of approachability to the messaging. Such curated components ensured that the campaign had maximum reach and meaningful impact within vulnerable communities.

Scalable component:

A BCC campaign design allows for a campaign to be curated to a wide group of varied beneficiaries. The open-ended nature of the design invites consistent input from the community level, which shapes the format, intention and medium of dissemination of the campaign messaging. When scaled up, the project would encounter multiple different communities with different requirements, apprehensions, and outlooks, as beneficiaries. **The use of a BCC campaign provides the benefit of being able to curate the campaign's**

messaging, and cater to the needs of these larger, more varied groups. Furthermore, the campaign can be designed to be more approachable to the most vulnerable groups, with the medium of dissemination being more accessible and approachable. By leveraging the community consultation meetings, set up through the community-level stakeholders and district coordinators, the campaign's dissemination will continue to penetrate resistant populations and hesitant communities. **A BCC campaign would ensure that the successful outreach capacity of this campaign is preserved, while the project is scaled up to cater to various beneficiary groups.** Working through the strategic model, the BCC campaign will be a key component to ensure effective uptake of the campaign messaging and can sustain the scale-up process.

NEED FOR SCALING UP

The key components highlighted above justify the project's capacity to scale up, since these showcase the efficacy of the project outcomes. Vaccine hesitancy is a complex issue which needs a carefully designed approach and methodology which cannot be captured with sheer numbers and cannot be solved with the mere presence of vaccines and designing of a stand-alone BCC campaign. Access to information which captures local concerns, dispelling misinformation, and involving multiple stakeholders are crucial components of tackling vaccine hesitancy that require a focused, ground-level approach. CKD believes that **by basing this project as a pilot, the 'Win with Vaccines' initiative can be scaled up to combat vaccine hesitancy at the State level.** The campaign can cater to a large and varied group of marginalised beneficiaries, who might otherwise be ignored in the larger narrative of attaining vaccination numbers.

RECOMMENDATIONS

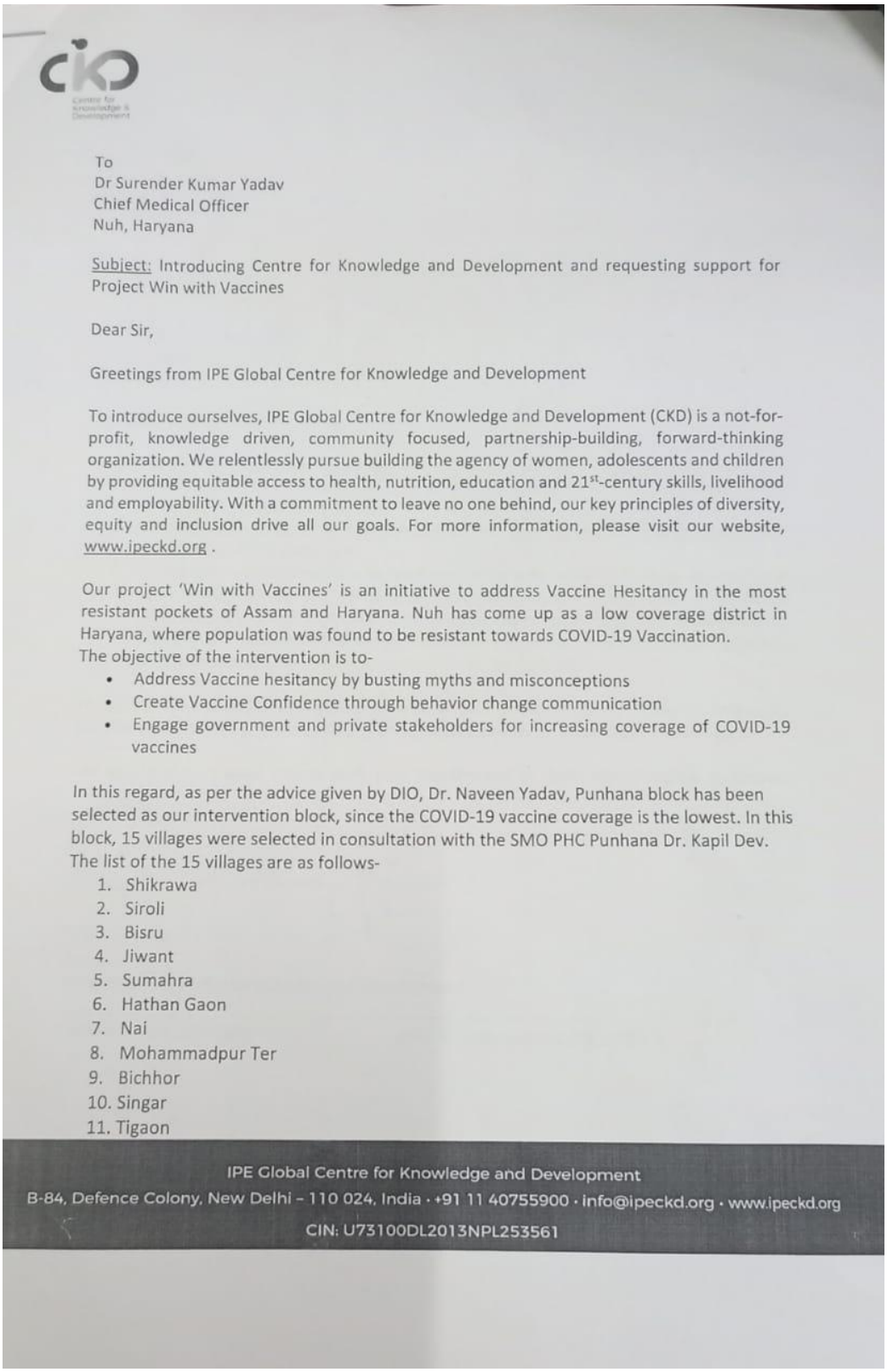
The following are a list of recommendations, derived from our learnings in the field.

1. Addressing a sensitive issue like, Vaccine hesitancy from indigenous groups needs involvement from the community from the start, which includes selection of Local talent (District Coordinators), local groups (Nukkad Nataks, mikings, etc) local resources (influencers) and service providers
2. The govt stakeholders at state, district and block level need to be part of the program and ownership from them is crucial to the success of any activity undertaken on the ground.
3. The BCC campaign must resonate with the communities needs and responses, use of mascots, key messaging, and use of local communication mediums will yield best results.
4. The Dissemination of the BCC campaign should focus on using local platforms, for best recall, strategic locations like local haats, bus stands, places of worships, and touch points and use of occasions like Durga puja which attract numbers in the community.

ANNEXURES

1. GOVERNMENT ORDERS

A) Authorization Letter from CMO of Nuh



To
Dr Surender Kumar Yadav
Chief Medical Officer
Nuh, Haryana

Subject: Introducing Centre for Knowledge and Development and requesting support for Project Win with Vaccines

Dear Sir,

Greetings from IPE Global Centre for Knowledge and Development

To introduce ourselves, IPE Global Centre for Knowledge and Development (CKD) is a not-for-profit, knowledge driven, community focused, partnership-building, forward-thinking organization. We relentlessly pursue building the agency of women, adolescents and children by providing equitable access to health, nutrition, education and 21st-century skills, livelihood and employability. With a commitment to leave no one behind, our key principles of diversity, equity and inclusion drive all our goals. For more information, please visit our website, www.ipeckd.org .

Our project 'Win with Vaccines' is an initiative to address Vaccine Hesitancy in the most resistant pockets of Assam and Haryana. Nuh has come up as a low coverage district in Haryana, where population was found to be resistant towards COVID-19 Vaccination.
The objective of the intervention is to-

- Address Vaccine hesitancy by busting myths and misconceptions
- Create Vaccine Confidence through behavior change communication
- Engage government and private stakeholders for increasing coverage of COVID-19 vaccines

In this regard, as per the advice given by DIO, Dr. Naveen Yadav, Punhana block has been selected as our intervention block, since the COVID-19 vaccine coverage is the lowest. In this block, 15 villages were selected in consultation with the SMO PHC Punhana Dr. Kapil Dev.
The list of the 15 villages are as follows-

1. Shikrawa
2. Siroli
3. Bisru
4. Jiwant
5. Sumahra
6. Hathan Gaon
7. Nai
8. Mohammadpur Ter
9. Bichhor
10. Singar
11. Tigaon

IPE Global Centre for Knowledge and Development
B-84, Defence Colony, New Delhi – 110 024, India · +91 11 40755900 · info@ipeckd.org · www.ipeckd.org
CIN: U73100DL2013NPL253561

12. Gokulpur
13. Leherwadi
14. Sihri
15. Jamalgarh

We will be mobilsing key stakeholders like the health service providers (ANM, ASHAs etc), School principals and School management committees, women from Self help groups(SHG), the religious leaders and other local influencers. Our communication campaign will use mediums like, wall paintings, nukkad natak, banners, posters to bust myths and misconceptions on COVID 19 vaccinations, and also to mobilise people to get their vaccination completed.

We solicit your support for the following :

1. To give your approval for us to conduct the Behaviour Change Campaign (BCC) to mobilise the community to get themselves vaccinated in the above mentioned 15 villages of Punhana block, Nuh.
2. To provide us support at the Subcentre, PHC level in the defined geography for launching our BCC campaign.
3. In case we have achieved the desired number of enthusiastic beneficiaries who have been motivated by our campaigns we would like the department to facilitate vaccinations and our team will work in close coordination with the department to facilitate the Vaccination drives (in means of Vaccinator, vaccines & other logistics; while mobility support will be provided by our organization).

Your guidance and knowledge will be valuable to us. You may reach out to our Project Lead, Ms Shreya Chowdhury, Senior Analyst, CKD (+9519999660) for any further information.

We would like to work closely with your department to make this program successful.

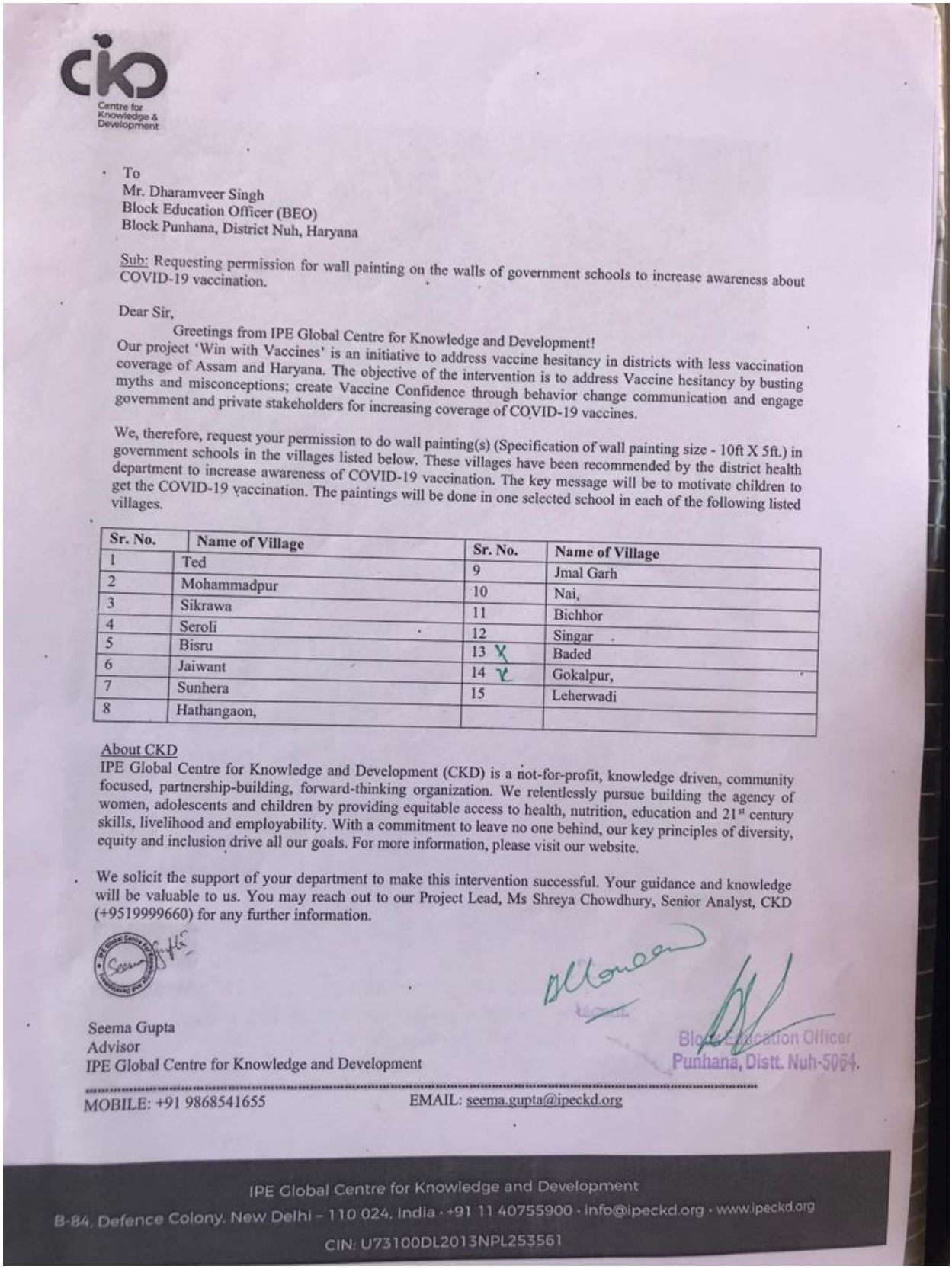
IPE Global Centre for Knowledge and Development

Seema Gupta
Advisor
IPE Global Centre for Knowledge and Development

MOBILE: +9868541655 EMAIL: seema.gupta @ipeckd.org

सिविल सर्जन नूह
एट मांडीखेड़ा

B) Block Education Officer (BEO) permission letter to work in Schools



Centre for Knowledge & Development

To
Mr. Dharamveer Singh
Block Education Officer (BEO)
Block Punhana, District Nuh, Haryana

Sub: Requesting permission for wall painting on the walls of government schools to increase awareness about COVID-19 vaccination.

Dear Sir,

Greetings from IPE Global Centre for Knowledge and Development!

Our project 'Win with Vaccines' is an initiative to address vaccine hesitancy in districts with less vaccination coverage of Assam and Haryana. The objective of the intervention is to address Vaccine hesitancy by busting myths and misconceptions; create Vaccine Confidence through behavior change communication and engage government and private stakeholders for increasing coverage of COVID-19 vaccines.

We, therefore, request your permission to do wall painting(s) (Specification of wall painting size - 10ft X 5ft.) in government schools in the villages listed below. These villages have been recommended by the district health department to increase awareness of COVID-19 vaccination. The key message will be to motivate children to get the COVID-19 vaccination. The paintings will be done in one selected school in each of the following listed villages.

Sr. No.	Name of Village	Sr. No.	Name of Village
1	Ted	9	Jmal Garh
2	Mohammadpur	10	Nai,
3	Sikrawa	11	Bichhor
4	Seroli	12	Singar
5	Bisru	13	Baded
6	Jaiwant	14	Gokalpur,
7	Sunhera	15	Leherwadi
8	Hathangaon,		

About CKD

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We solicit the support of your department to make this intervention successful. Your guidance and knowledge will be valuable to us. You may reach out to our Project Lead, Ms Shreya Chowdhury, Senior Analyst, CKD (+9519999660) for any further information.

Seema Gupta
Advisor
IPE Global Centre for Knowledge and Development

Block Education Officer
Punhana, Distt. Nuh-5064.

MOBILE: +91 9868541655 EMAIL: seema.gupta@ipeckd.org

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CIN: U73100DL2013NPL253561

C) Authorisation Letter from DHS

অসম চৰকাৰ

GOVT. OF ASSAM
DIRECTORATE OF HEALTH SERVICES (FAMILY WELFARE)
SWASTHYA BHAWAN, HENGRABARI, GUWAHATI-36

No. HSFW/UIP/COVID/MISC/85/2021/ 1770 **Dated Guwahati the** 13th **/Sept., 2022**

From : **The Director of Health Services (FW), Assam**
Swasthya Bhawan, Hengrabari, Guwahati-36.

To : **Additional Chief Medical & Health Office (FW),** Baksa, Chirang, South Salmara and Udalguri

Sub : **Support for Covid vaccination in specific scope & areas.**

Ref : **Letter received from Volunteer Health Association of Assam,**
Ref. No. VHAA/DHS-FW/2022-6275, dated 12-09-2022.

Sir/Madam,

With reference to the subject cited above, I would like to inform you that the Volunteer Health Association of Assam (VHAA) in partnership with IP Global CKD have expressed their interest to support the ongoing Covid vaccination programme in Baksa, Chirang, South Salmara and Udalguri districts. The VHAA district team will work in these districts under the supervision and guidance of the office of Addl. Chief Medical & Health Officer of the respective districts.

Their project **"win with vaccines"** will work in low performing coverage areas through Behaviour Change Communication, busting myths & Misconceptions about Covid Vaccination along with Social Mobilization.

District teams are requested to engage with them to identify scope and areas of assistance to improve Vaccination coverage specially in the age group of 12-17 years and precaution dose in 18+ age group.

Enclosed: -As stated above

Your faithfully,

Director of Health Services (FW), Assam
Swasthya Bhawan, Hengrabari, Guwahati-36.

Memo No. HSFW/UIP/COVID/MISC/85/2021/ 1770-A **Dated Guwahati the** 13th **/Sept., 2022**

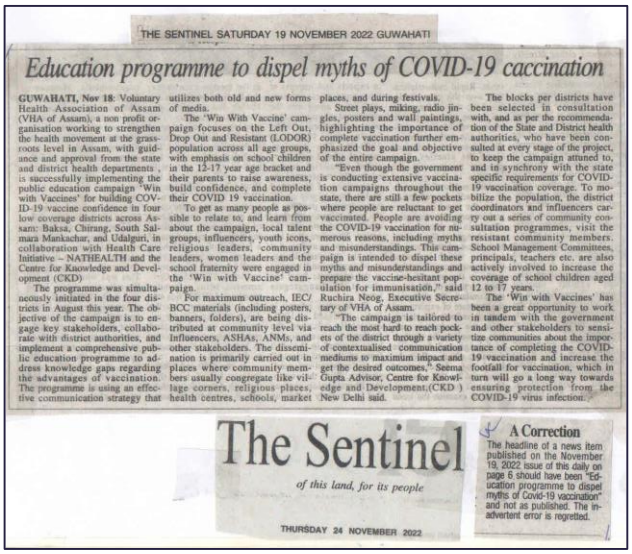
Copy to: -

1. The Principal Secretary, Govt. of Assam, Health & F.W. Deptt, Dispur, Guwahati-6 for favour of kind information.
2. The Mission Director, NHM, Assam, Saikia Commercial complex, Sri Nagar Road, Christianbasti, Guwahati-5 for favour of kind information.
3. The Deputy Commissioner of Baksa, Chirang, South Salmara and Udalguri districts for favour of kind information.
4. The Joint Director of Health Services , Baksa, Chirang, South Salmara and Udalguri.
5. All partners WHO/UNICEF/UNDP/JSI/WISH for favour of kind information .

Director of Health Services (FW), Assam
Swasthya Bhawan, Hengrabari, Guwahati-36.

2. MEDIA ARTICLES

Here is a compilation of media articles that covered our campaign



THE SENTINEL SATURDAY 19 NOVEMBER 2022 GUWAHATI

Education programme to dispel myths of COVID-19 caccination

GUWAHATI, Nov 18: Voluntary Health Association of Assam (VHA of Assam), a non profit organisation working to strengthen the health movement at the grassroots level in Assam, with guidance and approval from the state and district health departments , is successfully implementing the public education campaign 'Win with Vaccines' for building COVID-19 vaccine confidence in four low coverage districts across Assam: Baksa, Chirang, South Salmara Mankachar, and Udalguri, in collaboration with Health Care Initiative – NATHEALTH and the Centre for Knowledge and Development (CKD)

The programme was simultaneously initiated in the four districts in August this year. The objective of the campaign is to engage key stakeholders, collaborate with district authorities, and implement a comprehensive public education programme to address knowledge gaps regarding the advantages of vaccination. The programme is using an effective communication strategy that utilizes both old and new forms of media.

The 'Win With Vaccine' campaign focuses on the Left Out, Drop Out and Resistant (LODOR) population across all age groups, with emphasis on school children in the 12-17 year age bracket and their parents to raise awareness, build confidence, and complete their COVID 19 vaccination.

To get as many people as possible to relate to, and learn from about the campaign, local talent groups, influencers, youth icons, religious leaders, community leaders, women leaders and the school fraternity were engaged in the 'Win with Vaccine' campaign.

For maximum outreach, IEC/BCC materials (including posters, banners, folders), are being distributed at community level via Influencers, ASHAs, ANMs, and other stakeholders. The dissemination is primarily carried out in places where community members usually congregate like village corners, religious places, schools, market places, and during festivals.

Street plays, miking, radio jingles, posters and wall paintings, highlighting the importance of complete vaccination further emphasized the goal and objective of the entire campaign.

"Even though the government is conducting extensive vaccination campaigns throughout the state, there are still a few pockets where people are reluctant to get vaccinated. People are avoiding the COVID-19 vaccination for numerous reasons, including myths and misunderstandings. This campaign is intended to dispel these myths and misunderstandings and prepare the vaccine-hesitant population for immunisation," said Ruchira Neog, Executive Secretary of VHA of Assam.

"The campaign is tailored to reach the most hard to reach pockets of the district through a variety of contextualised communication mediums to maximum impact and get the desired outcomes," Seema Gupta Advisor, Centre for Knowledge and Development (CKD) New Delhi said.

The blocks per districts have been selected in consultation with, and as per the recommendation of the State and District health authorities, who have been consulted at every stage of the project, to keep the campaign attuned to, and in synchrony with the state specific requirements for COVID-19 vaccination coverage. To mobilize the population, the district coordinators and influencers carry out a series of community consultation programmes, visit the resistant community members. School Management Committees, principals, teachers etc. are also actively involved to increase the coverage of school children aged 12 to 17 years.

The 'Win with Vaccines' has been a great opportunity to work in tandem with the government and other stakeholders to sensitize communities about the importance of completing the COVID-19 vaccination and increase the footfall for vaccination, which in turn will go a long way towards ensuring protection from the COVID-19 virus infection.

The Sentinel
of this land, for its people

THURSDAY 24 NOVEMBER 2022

A Correction

The headline of a news item published on the November 19, 2022 issue of this daily on page 6 should have been "Education programme to dispel myths of Covid-19 vaccination" and not as published. The inadvertent error is regretted.

Figure 5: Assam Media coverage on The Sentinel

THE ASSAM TRIBUNE, GUWAHATI THURSDAY, NOVEMBER 24, 2022

Win with Vaccines campaign for greater Covid-19 vaccination coverage

STAFF REPORTER

GUWAHATI, Nov 23: Although India's Covid-19 vaccination coverage has exceeded 200 crores, the uptake of precautionary doses (third dose) has been well below the desired levels. Moreover, some pockets in a few States did not record satisfactory participation of the people. In Assam too, some districts recorded below-par vaccination, especially in the age group of 12-17 and also in the precautionary dose.

Baksa, Chirang, South Salmara-Mankachar, and Udalguri districts of the State have been identified as the low-coverage districts which are now being brought under a special campaign – Win with Vaccines – to ensure greater vaccination coverage.

The Voluntary Health Association of Assam (VHA of Assam), a non-profit organisation working to strengthen the health movement at the grassroots level in Assam – with guidance and approval from the State and district health authorities – is implementing this public education campaign for building Covid-19 vaccine confidence in four low-coverage districts across Assam.

The blocks per district have been selected in consultation with, and as per the recommendation of the State and district health authorities, who have been consulted at every stage of the project, to keep the campaign attuned to, and in synchrony with the State-specific requirements for Covid-19 vaccination coverage.

The campaign in the four districts is being implemented in collaboration with NATHEALTH - Health Care Federation of India, and the Centre for Knowledge and Development (CKD).

"Even though the Government is conducting extensive vaccination campaigns throughout the State, there are still a few pockets where people are reluctant to get vaccinated. People are avoiding the Covid-19 vaccination for numerous reasons, including myths and misunderstandings. This campaign is intended to dispel these myths and misunderstandings and prepare the vaccine-hesitant population for immunisation," Ruchira Neog, executive secretary of VHA of Assam, said.

The programme was simultaneously initiated in the four districts in August this year. The objective of the campaign is to engage key stakeholders, collaborate with district authorities, and imple-

ment a comprehensive public education programme to address knowledge gaps regarding the advantages of vaccination.

The programme is using an effective communication strategy that utilises both old and new forms of media.

The 'Win with Vaccines campaign focuses on the Left Out, Drop Out and Resistant (LODOR) population across all age groups, with emphasis on school children in the 12 to 17-year age bracket and their parents to raise awareness, build confidence, and complete their Covid-19 vaccination.

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Street plays, miking, radio jingles, posters and wall paintings, highlighting the importance of complete vaccination further emphasizes the goal and objective of the entire campaign.

"The campaign is tailored to reach the most hard-to-reach pockets of the district through a variety of contextualised communication mediums to maximum impact and get the desired outcomes," Seema Gupta advisor, Centre for Knowledge and Development, New Delhi, said.

To mobilise the population, the district coordinators and influencers carry out a series of community consultation programmes, visit the resistant community members. School management committees, principals, teachers, etc., are also actively involved to increase the coverage of school children aged 12 to 17 years.

The Win with Vaccines has been a great opportunity to work in tandem with the government and other stakeholders to sensitise communities about the importance of completing the Covid-19 vaccination and increase the footfall for vaccination, which in turn will go a long way towards ensuring protection from the Covid-19 virus infection.

Figure 6: Assam Media coverage on The Assam Tribune

हिन्दी दैनिक विचार कानपुर 24 नवम्बर 2022 गुरुवार 4

पूरा वैक्सिनेशन पूरी हिफ़ाज़तः रागिब हुसैन

नूंह/मेवात (मुबारक मेवाती) मेवात,23 नवंबर। कोविड वैक्सीन से संबंधित गलतफहमी को दूर करने और संवेदनशील बनाने के उद्देश्य से एक सार्वजनिक शिक्षा कार्यक्रम COVID-19 टीकाकरण की आवश्यकता पर IPE ग्लोबल सेंटर फॉर नॉलेज एंड डेवलपमेंट और हैल्थकेयर फेडरेशन ऑफ इंडिया - NATHEALTH की तरफ से प्रोजेक्ट चल रहा है। ये एक गैर-लाभकारी संस्था है। CKD एक ज्ञान-संचालित, समुदाय-केंद्रित, साझेदारी-निर्माण, आगे की सोच रखने वाला संगठन है। हमारा प्रयास है अच्छा स्वास्थ्य अच्छे के लिए महिलाओं, किशोरों और बच्चों की एजेंसी का निर्माण करना, पोषण, शिक्षा और 21वीं सदी के कौशल, आजीविका और रोजगार करने की प्रतिबद्धता के साथ किसी को भी पीछे नहीं छोड़ना चाहते, सीकेडी का लक्ष्य राज्य और जिला स्वास्थ्य विभागों से मार्गदर्शन और अनुमोदन के साथ COVID-19 के टीकाकरण के लिए सार्वजनिक शिक्षा अभियान विन विद वैक्सीन को सफलतापूर्वक लागू करना है। नूंह जिला हरियाणा में वैक्सीन पर काम कर रहे है। हैल्थकेयर फेडरेशन ऑफ इंडिया - हुज्ञ॥श्रख्ञ॥के सहयोग से यह कार्यक्रम इस साल अगस्त में नूंह जिले में शुरू किया गया था। अभियान का उद्देश्य है प्रमुख हितधारकों को शामिल करना, जिला अधिकारियों के साथ मिलकर सहयोग करना है। विन विद वैक्सीन्स अभियान लेपट आउट, ड्रॉप आउट और रेसिस्टेंट पर केंद्रित है। 12-17 वर्ष की आयु वर्ग के स्कूली बच्चों पर जोर देने के साथ सभी आयु समूहों की जनसंख्या उनके माता-पिता को जागरूकता बढ़ाने, आत्मविश्वास पैदा करने और अपने COVID 19 टीकाकरण को पूरा करने के लिए अभियान से स्थानीय लोगो को अधिक से अधिक जोड़ने और सिखाने के लिए मीटिंग की गई है। समूह, प्रभावित करने वाले युवा प्रतीक, धार्मिक नेता, समुदाय के नेता, महिला नेता और स्कूल बिरादरी विन विद वैक्सीन अभियान में लगी हुई थी। अधिकतम आउटरीच के लिए, आईईसी/बीसीसी सामग्री (पोस्टर, बैनर, फोल्डर सहित) की जा रही है इन्फ्लुएंसर्स, आशा, एएनएम और अन्य हितधारकों के माध्यम से सामुदायिक स्तर पर वितरित किया गया। प्रसार मुख्य रूप से उन जगहों पर किया जाता है जहां समुदाय के सदस्य आमतौर पर इकट्ठा होते हैं गांव के पंचायत घर, धार्मिक स्थल, स्वास्थ्य केंद्र, स्कूल, बाजार और त्योहारों के दौरान। नुक्कड़ नाटक, माइकिंग, रेडियो जिंगल, पोस्टर और वॉल पेंटिंग और नैरो कास्टिंग पूर्ण टीकाकरण के महत्व पर प्रकाश डालते हुए आगे के लक्ष्य और उद्देश्य पर जोर देता है।अभियान को विभिन्न प्रकार के साथ जिले के सबसे कठिन इलाकों तक पहुंचने के लिए तैयार किया गया है। सीमा गुप्ता कहते हैं जो की सेंटर फॉर नॉलेज एंड डेवलपमेंट नई दिल्ली सलाहकार है। नूंह जिले में पुनहाना ब्लॉक का चयन जिला स्वास्थ्य अधिकारियों की राय के अनुसार किया गया है। परियोजना के हर चरण पर परामर्श किया गया, ताकि अभियान को अनुकूल बनाया जा सके और इसके साथ तालमेल बिठाया जा सके। लोगो को जागरूक करने के लिए डिस्ट्रिक्ट कोऑर्डिनेटर और प्रभावशाली लोगों ने सामुदायिक परामर्श कार्यक्रमों की एक श्रृंखला आयोजित की, स्कूल प्रबंधन समिति, प्रधानाध्यापक, शिक्षक आदि 12 से 17 वर्ष की आयु के स्कूली बच्चों के कवरेज को बढ़ाने के लिए भी सक्रिय रूप से शामिल हैं। परियोजना अपनी आकर्षक आउटरीच तकनीकों के माध्यम से समुदाय तक पहुंच गई है जैसे पोस्टर लगाना, दीवार पेंटिंग, माइकिंग और बैनर। हितधारकों को COVID-19 को पूरा करने के महत्व के बारे में समुदायों को संवेदनशील बनाने के लिए टीकाकरण और टीकाकरण के लिए फुटफॉल बढ़ाना, जो बदले में एक लंबा रास्ता तय करेगा COVID-19 वायरस के संक्रमण से सुरक्षा सुनिश्चित करना।

Figure 7: Nuh Media coverage on Hindi Dainik

पूरा वैक्सिनेशन पूरी हिफ़ाज़त-IPE ग्लोबल सेंटर फ़ोर नॉलेज एंड डिवेलपमेंट

मरूधर आवाज़

जयपुर। नूह मेवात कोविड वैक्सीन से संबंधित गलतफहमी को दूर करने और संवेदनशील बनाने के उद्देश्य से एक सार्वजनिक शिक्षा कार्यक्रम COVID-19 टीकाकरण की आवश्यकता पर IPE ग्लोबल सेंटर फॉर नॉलेज एंड डेवलपमेंट (CKD) और हैल्थकेयर फेडरेशन ऑफ इंडिया - NATHEALTH की तरफ से प्रोजेक्ट चल रहा है ये एक गैर-लाभकारी संस्था है। CKD एक ज्ञान-संचालित, समुदाय-केंद्रित, साझेदारी-निर्माण, आगे की सोच रखने वाला संगठन है। हमारा प्रयास है अच्छा स्वास्थ्य अच्छे के लिए महिलाओं, किशोरों और बच्चों की एजेंसी का निर्माण करना, पोषण, शिक्षा और 21वीं सदी के कौशल, आजीविका और रोजगार करने की प्रतिबद्धता के साथ किसी को भी पीछे नहीं छोड़ना चाहते, सीकेडी का लक्ष्य राज्य और जिला स्वास्थ्य विभागों से मार्गदर्शन और अनुमोदन के साथ COVID-19 के टीकाकरण के लिए सार्वजनिक शिक्षा अभियान विन विद वैक्सीन को सफलतापूर्वक लागू करना है। नूंह जिला हरियाणा में वैक्सीन पर काम कर रहे है। हैल्थकेयर फेडरेशन ऑफ इंडिया - NATHEALTH के सहयोग से यह कार्यक्रम इस साल अगस्त में नूंह जिले में शुरू किया गया था। अभियान का उद्देश्य है प्रमुख हितधारकों को शामिल करना, जिला अधिकारियों के साथ मिलकर सहयोग करना है। विन विद वैक्सीन्स अभियान लेपट आउट, ड्रॉप आउट और रेसिस्टेंट (LODOR) पर केंद्रित है। 12-17 वर्ष की आयु वर्ग के स्कूली बच्चों पर जोर देने के साथ सभी आयु समूहों की जनसंख्या उनके माता-पिता को जागरूकता बढ़ाने, आत्मविश्वास पैदा करने और अपने COVID 19 टीकाकरण को पूरा करने के लिए अभियान से स्थानीय लोगो को अधिक से अधिक जोड़ने और सिखाने के लिए मीटिंग की गई है। समूह, प्रभावित करने वाले युवा प्रतीक, धार्मिक नेता, समुदाय के नेता, महिला नेता और स्कूल बिरादरी विन विद वैक्सीन अभियान में लगी हुई थी। अधिकतम आउटरीच के लिए, आईईसी/बीसीसी सामग्री (पोस्टर, बैनर, फोल्डर सहित) की जा रही है इन्फ्लुएंसर्स, आशा, एएनएम और अन्य हितधारकों के माध्यम से सामुदायिक स्तर पर वितरित किया गया। प्रसार मुख्य रूप से उन जगहों पर किया जाता है जहां समुदाय के सदस्य आमतौर पर इकट्ठा होते हैं गांव के पंचायत घर, धार्मिक स्थल, स्वास्थ्य केंद्र, स्कूल, बाजार और त्योहारों के दौरान। नुक्कड़ नाटक, माइकिंग, रेडियो जिंगल, पोस्टर और वॉल पेंटिंग और नैरो कास्टिंग पूर्ण टीकाकरण के महत्व पर प्रकाश डालते हुए आगे के लक्ष्य और उद्देश्य पर जोर देता है।अभियान को विभिन्न प्रकार के साथ जिले के सबसे कठिन इलाकों तक पहुंचने के लिए तैयार किया गया है। सीमा गुप्ता कहते हैं जो की सेंटर फॉर नॉलेज एंड डेवलपमेंट नई दिल्ली सलाहकार है। नूंह जिले में पुनहाना ब्लॉक का चयन जिला स्वास्थ्य अधिकारियों की राय के अनुसार किया गया है। परियोजना के हर चरण पर परामर्श किया गया, ताकि अभियान को अनुकूल बनाया जा सके और इसके साथ तालमेल बिठाया जा सके। लोगो को जागरूक करने के लिए डिस्ट्रिक्ट कोऑर्डिनेटर और प्रभावशाली लोगों ने सामुदायिक परामर्श कार्यक्रमों की एक श्रृंखला आयोजित की, स्कूल प्रबंधन समिति, प्रधानाध्यापक, शिक्षक आदि 12 से 17 वर्ष की आयु के स्कूली बच्चों के कवरेज को बढ़ाने के लिए भी सक्रिय रूप से शामिल हैं। परियोजना अपनी आकर्षक आउटरीच तकनीकों के माध्यम से समुदाय तक पहुंच गई है जैसे पोस्टर लगाना, दीवार पेंटिंग, माइकिंग और बैनर। हितधारकों को COVID-19 को पूरा करने के महत्व के बारे में समुदायों को संवेदनशील बनाने के लिए टीकाकरण और टीकाकरण के लिए फुटफॉल बढ़ाना, जो बदले में एक लंबा रास्ता तय करेगा COVID-19 वायरस के संक्रमण से सुरक्षा सुनिश्चित करना।

Figure8: Nuh Media coverage

3. COMMUNICATION MATRIX

Please find below

Table 4: Communication matrix Linked to the BCC material

BCC Material	File	Target Audience	English	Hindi (Nuh)	Bengali (Assam)	Bodo (Assam)	Assamese (Assam)
Flier I	f1	Resistant	F1-English	F1-Hindi			F1-Assamese
	f1	Dropouts	F1-English	F1-Hindi			F1-Assamese
	f1	left-out adults	F1-English	F1-Hindi			F1-Assamese
Flier II	f2	Parents of 12-18-year-olds	F2-English	F2-Hindi			F2-Assamese
Poster I	p1	Left-out adults	P1-English	P1-Hindi			
Poster II	p2	Dropouts	P2-English	P2-Hindi			
Poster III	p3	Resistant	P3-English	P3-Hindi	P3-Bengali		P3-Assamese
Poster IV	p4	Children 12-18 years	P4-English	P4-Hindi	P4-Bengali		P4-Assamese
Poster V	p5	Hesitant PLWs (pregnant and lactating women)	P5-English	P5-Hindi	P5-Bengali		P5-Assamese
Wall Painting I	w1	For school-goers		W1-Hindi		W1-Bodo	W1-Assamese
Wall Painting II	w2	Resistant		W2-Hindi		W2-Bodo	W2-Assamese
Wall Painting III	w3	Vulnerable groups like PLWs/Disabled/ elderly		W3-Hindi		W3-Bodo	W3-Assamese
Miking message		left-out adults	Miking-English	Miking-Hindi			
Miking message		Dropouts	Miking-English	Miking-Hindi			
Miking message		Resistant	Miking-English	Miking-Hindi			
GIF I	g1	for beneficiaries - all stakeholders and teachers, children, community members	G1-English				

GIF II	g2	Existing and prospective donors, followers, like-minded organisations, health and development network	G2-English				
GIF III	g3	Existing and prospective donors, followers, like-minded organisations, health and development network	G3-English				
Infographic I	i1	FLWs	I1-English				
Infographic II	i2	Prospective donors	I2-English				
Infographic III	i3	For donors only	I3-English				
Video Testimonial		To be used by ASHAs/ANMs/Anganwadi workers and other health providers & health facilities		VT-Hindi			
Banner I	b1	Dropouts	B1-English	B1-Hindi			B1-Assamese
Banner II	b2	Parents of school going children during school functions	B2-English	B2-Hindi			B2-Assamese
Banner III	b3	For all attending Durga Puja/Any other religious function		B3-Hindi	B3-Bengali		
WhatsApp Message I	m1	Parents of 12-18-year-olds	M1-English	M1-Hindi			M1-Assamese

WhatsApp Message II	m2	Resistant	M2-English	M2-Hindi			M2-Assamese
WhatsApp Message II	m2	Dropouts	M2-English	M2-Hindi			M2-Assamese
WhatsApp Message II	m2	left-out adults	M2-English	M2-Hindi			M2-Assamese
WhatsApp Message III	m3	Students going back to school	M3-English	M3-Hindi			M3-Assamese
WhatsApp Message IV	m4	Influencers like ASHA/ Sarpanch. etc	M4-English	M4-Hindi			M4-Assamese
WhatsApp Message V	m5	Religious leaders	M5-English	M5-Hindi			M5-Assamese


पोषण अभियान

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