

Project completion report



Submitted by
CARE Nepal,
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1. Background

The first case of COVID-19 was detected in Nepal on 3 January 2020. Since then, the rate of transmission has been increasing continuously, reaching over 97,000 confirmed positive cases and 11,938 deaths to date. The highest surge was recorded in May 2021, with a record number of 9000 positive cases in one month. However, by the end of February 2022, COVID-19 infection rate was decreasing in Nepal, with only 138 new infections being reported on average per day. That's 2% of the peak of the highest daily average reported on 12 May 2021. The virus has affected all the provinces including Sudur Paschim Province, where a total of 44,049 cases has been confirmed till the end of February 2022. According to WHO, Kailali district is one of the top 20 districts with the highest infection rate.

The Government of Nepal (GoN) has highly prioritized the vaccination program across the country to prevent the further spread of COVID-19. As per the GoN, 60% of the total target population has been administered the full dose of vaccine by February 2022, with the administration of at least 3,97,16,758 doses of COVID-19 vaccines. Referring to the number of doses administered in Nepal and assuming that every person requires a minimum of 2 doses, it can be calculated that about 66% of the country's population has been vaccinated. The age-wise coverage of vaccine shows that 78.9% of the over 18 year population has been inoculated with the full dose, followed by 48% of children in the age group of 12-17 years have been fully vaccinated till date. 9 types of vaccines have been approved for use in Nepal, of which the highest number used for inoculation has been Verocell. The GoN aims to fully vaccinate 100% of the population over the age of 18 by mid-April 2022. The campaign will be expanded to the remaining districts soon (WHO, 2022).

CARE Nepal, as one of the humanitarian agencies working in Nepal, has supported the GoN efforts to minimize the transmission of COVID-19, as well as the vaccination campaign. Since the beginning of first wave, CARE Nepal has continuously engaged in the response and recovery actions COVID-19. CARE Nepal has contributed to provide the essential medical supplies to hospital and health facilities, distribution of PPE, masks and sanitizers to front line workers and vaccinators, cold chain management support, support in developing micro containment plans of local stakeholders, recovery actions and awareness raising activities. In this regard, CARE Nepal in funding support from CARE Austria has implemented the vaccination support project in two municipalities of Kailali districts, Tikapur and Bhajani, with two primary objectives of *Strengthening the government healthcare infrastructure capacity to interrupt COVID-19 transmission through infection prevention measures and vaccination campaigns and support in remote, underserved districts and communities;* and *Improve community understanding of COVID-19 prevention and build confidence and increase acceptance for COVID-19 vaccines.* The focus of the program is to strengthen community engagement in the prevention and response activities, cold chain management support at local health facilities, capacity building of health workers, strengthening coordinated response of local actors in order to ensure effective, responsive and accountable COVID-19 prevention and response work at local level from July 2021 to Feb 2022.

2. Project implementation Approach

1. Partnership: CARE Nepal implemented most of the activities in partnership with a local implementing partner Conscious Society for Social Development (CSSD). The partner was responsible for implementing all the field level activities such as training, coordination, support in vaccination campaign, awareness raising, provide essential medical equipment and logistics. While implementing the project.

2. Coordination: For the effective implementation of project, close coordination was maintained with local and provincial government, especially FCHVs, Health facilities, Health Unit-Local level, Health office, Province Health Directorate, Ministry of Social Development, Province Health Logistic Management center, Health training center. The government stakeholders participated in the planning, monitoring and review of the project.

3. Project Progress

Project Goal: The project has been able to ensure that 66,798 individuals from poor and vulnerable communities in the southern plains of western Nepal have access to improved COVID-19 prevention measures and COVID-19 vaccine during the project period. The vulnerable population i.e senior citizen, individuals with Non communicable Disease (NCDS), widow, Persons with Disability (PWD) were given the first priority for receiving the vaccination. Prior to project implementation, the vaccination coverage was at 23% for the first dose and 18.3% for the second dose, as of 31 July 2021. By February 14, 2022, this has increased to 74% for the first dose, 63% for second dose, as well as, 100% for the the first dose of moderna coverage among the targeted children of 12-17 year of age. In order to achieve this result, the project collaborated with the local government for vaccinaion site mapping to understand the vaccination service status at both the municipalities. From the assessment, it was found that there was a great difficulty in maintaining social distancing (huge crowd at vaccination site), lack of cold chain management supplies at health facilities and vaccination sites (chest freezer, Vaccne carrier, cold box), and lack of vaccinators/and volunteers at vaccination sites. Based on the identified gaps, seven vaccine sites - two in tikapur municipality and five in bhajani municipality - were supported with handwashing corners, masks, hand sanitizers, surgical gloves, major cold chain management, as well as, other Infection prevention and control supplies to ensure unterputed vaccination service and easy access for vaccination. Similarly vaccinators were trained on the different types of COVID -19 vaccines (Covisheild, AstraZeneca, Johnson & Johnson and Vero cell) and cold chain management to strengthen the capacity of health workers on new the vaccine. Additionally, health workers were also trained on reducing vaccine wastage and management of adverse events following immunization (AEFI). As per the government criteria, teachers from forty schools were also oriented on the prevention measures of COVID -19 and information about the new vaccines. Following the training, 100% of the students between the age groups of 12-17 year from the 40 schools were vaccinated with the first dose.

Following the community level awareness on preventive measures, misconception on vaccination and strengthening the capacity of health facilities, a set of initiatives were carried

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for media advocacy for fast and fair vaccination. The initiatives were organized through the partnership of South Asia Women in Media, which is an organization of pioneer women journalists of Nepal. Through the initiatives, a total of 30 local journalists were trained on preparing appropriate contents on emerging issues on COVID-19, through publication of news articles about gaps on quality and accessible health care and vaccination services for marginalized communities. Similarly, a public hearing was conducted at the province headquarter on ongoing issues to access quality hospital care services and vaccination for marginalized population. The aforementioned media advocacy program was helpful to draw the commitment of respective political and public authorities from federal to local levels to ensure quality health care services for all and door step vaccination for marginalized groups, such as people with disabilities, senior citizens and vulnerable women and children. The authorities further committed to make essential medical supplies, equipment's and adequate quantity of vaccinations available at every health facility from local to province levels.

According to a study conducted towards the end of project with 506 respondents to evaluate the vaccine acceptance and concern in Kailali, it was revealed that 95% of the study participants had heard about the vaccines of COVID-19 and 61% of the respondents stated that their most trusted source of information for health matters were health workers. More than four-fifths (84%) of the respondents mentioned that the COVID-19 vaccine could reduce the chance of getting the COVID infection. Similarly, three-fourths (75%) of the respondents revealed that COVID-19 vaccine can decrease the severity and chance of having complications if people are infected. Thus, an overwhelming majority of the respondents (93%) agreed that the COVID-19 vaccine plays an important in the prevention of COVID-19. During a Key Informants Interview (KII), one of the interviewers mentioned that *'in the beginning, the community people had COVID-19 vaccine hesitancy and the main reason for the hesitancy were the side effects, dispelling rumors caused by the vaccine, and misinformation transmitted in the community and social media that that stated that COVID-19 vaccines cause death and will decrease immunity. But now most of the community people have accepted the vaccine because of the awareness programs; thus, the number of vaccinated people is increasing'*. Therefore, the different project interventions have been able to contribute towards the GoN vaccination program and increase the vaccine acceptance among the most vulnerable and poor communities.

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Progress against indicators:

Intervention Logic	Outcome	Indicators	Progress till project end
Objective 1: Strengthen healthcare infrastructure capacity to interrupt COVID-19 transmission through infection prevention measures and vaccination campaigns in remote, underserved districts and communities.	1.1) Two Government has improved systems in place to ensure the preservation of the cold chain through to vaccination sites in remote districts and communities	1.1.1. Number of new vaccination sites made accessible due to improvements provided in cold-chain mechanisms	Seven vaccination sites have been extended with equipment support to improve the access of vaccination. As a result 23419 people were vaccinated from these extended sites.
		1.1. 2. Number of health personnel and support staff trained with established mechanism	41 health workers trained on DHIS-2 software who are now maintaining the monthly data along with the COVID vaccination data in information management system of GoN.
		1.1. 3. Number of consultations held resulting in improved facilities	Two events of coordination meetings, one at district and other at Province level, were organized to discuss the situation and recommendation for vaccination and cold chain management.
	1.2) Frontline health workers and outreach health facilities in rural primary health clinics have improved capacity to conduct COVID-19 vaccine delivery rollout	Number of FLHWs; Number of FCHVs, Number of HFOMCs and Number of Outreach health facility worker trained	Number of FLHWs : 35 Number of FCHVs: 208 Number of HFOMC: 19 Number of outreach health facility worker: 19
		Number of vaccination sites receiving material support	7 vaccination sites received material support benefitting 140,467 people.
		Number of vulnerable individuals receiving transportation support to vaccination sites (disaggregated by gender and vulnerability status)	92 vulnerable individuals received transportation support to access vaccination sites.
	1.3) Two Local health systems have improved capacity on COVID-19 clinical case management,	Number of health workers receiving coaching and mentoring	53 health workers received coaching and mentoring on COVID-19 case management

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	Community Investigation Contact Tracing (CICT) through the rollout of related guidelines and equipment support.	Number of facilities receiving medical supplies	7 health facilities were supported with medical supplies through which 1741 people benefitted.
		Number of CICT teams mobilized	10 CICT teams were mobilized for case investigation, recording the data of migrants from India and counseling of migrant people for COVID vaccine.
		Number of FCHVs and community health volunteers mobilized	208 FCHVs were mobilized at community level to aware awareness about COVID-19 symptoms, identify the cases and provide referral
Objective 2: Improve community understanding of COVID-19 prevention and build COVID-19 vaccine confidence.	2.1) Health workers and key community messengers are vaccine acceptance champions, dispelling rumors, combatting misinformation, and providing accurate information about COVID-19 and vaccination;	Number of FCHVs, community leaders and religious leaders trained (disaggregated by gender and role)	214 FCHVs and 20 community leaders/religious leaders were trained on COVID-19 prevention and safety measures. 4834 members of health mothers groups were made aware on COVID-19 through the trained FCHVs.
		Number of target municipalities reached with specific informational materials adapted to the local context	Two target municipalities reached with specific information materials such as banners, flex and also Tshirt and cap distribute to community volunteers. Also radio messages were transmitted through two local FM stations for 6 month (12 times a day)
	2.2) Vulnerable and remote communities demonstrate improved knowledge of COVID-19 prevention and increased vaccine acceptance.	Number of individuals (estimated) in target communities reached by communication campaigns	32096 individuals from both Palikas have been reached through radio messaging. In addition to the 16 day GBV campaign was also celebrated with a total of 971 participants at Bhajani & Tikapur municipalities. (Annex: 16 days GBV campaign report)

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Progress on Outcome and Activities

Outcome 1.1) Two Government has improved systems in place to ensure the preservation of the cold chain through to vaccination sites in remote districts and communities:

Summary: CARE has supported the necessary materials i.e. Ice Line Refrigerator (ILR), chest freezers, cold boxes, vaccine carrier boxes, and zip lock bags for maintaining vaccine temperature at vaccination sites. With the support of such equipment's, the local level has an increased capacity to store, transport and conduct COVID-19 vaccination campaigns, as well as other routine immunizations. Similarly seven vaccination sites have been extended at municipalities (two in Tikapur municipality and five in Bhajani municipality) and supported with essential medical supplies, WASH facilities and furniture to ensure improved access of the most marginalized community members. For the infection prevention and control, medical equipment's such as Auto Clave, safety boxes and PPE were supplied to health facilities which has ultimately led to the prevention and control of infection. Furthermore, health workers from hospitals, health post, and Urban Health Centre were introduced to the DHIS-2 application, so much so that, they gained knowledge and skills on using pivot tables on MS Excel to retrieve monthly, bimonthly, quarterly, six-monthly, and annual data and are continually updating the database system. Similarly a coordination meeting with private sectors, district and provincial government was also conducted to identify the gaps and collaboration areas for effective vaccination roll out. This has improved the cold chain management and supply chain management in the two targeted municipalities.

Activities progress

1. Provide equipment, including refrigerator, deep refrigerator, ice-lined refrigerator, cold box, ice packs and vaccine carriers to the full vaccine supply chain, from provincial cold rooms to vaccination sites:

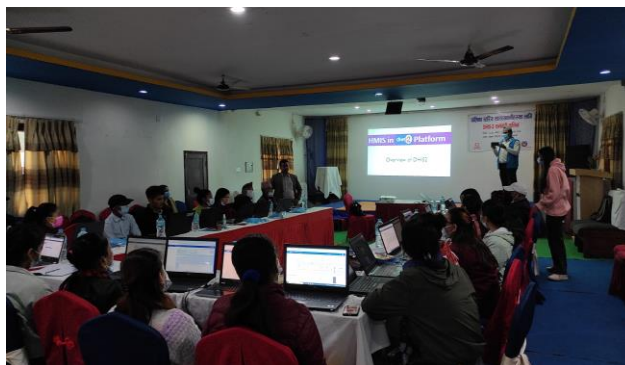
An assessment conducted at the initial stage of the project helped to identify the gap of essential medical equipment and supplies at health facilities. Equipments such as ILR, chest freezer, cold box, vaccine carrier, masks, gloves and sanitizers etc. were handed over to support the cold chain management at local government level. The project also supported in the national mask campaign of government by distributing 50,000 mask at Kailali district. The details of materials provided is presented in the table below:

SN	Name of Items	Unit	Items No. of Quantity Delivered By Location and Health Facilities						
			Tikapur	Bhajani	Kailai Health Office	Province Logistic Management Division	Social Development Ministry	Dhangadhi Sub-Metropolitan	DoHS, Teku
1	Ice Lined Refrigerator (ILR) [Large size, Long Holdover] Vaccine Storage Capacity 90-135 Liter and minimum cold hold over time 48 Hours	Piece			2				
2	Ice Lined Refrigerator (ILR) [Large size, Short Holdover] Vaccine Storage Capacity 125-150 Liter and minimum cold hold over time 24 Hours	Piece	1	1					

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3	Cold Box - Large Short Range (Vaccine storage capacity 8-10 Liter) and Minimum 48 hours of cold life, preference will be given to longer cold life)	Piece	7	7	27	15			
4	Vaccine Carrier - Extra Large [Vaccination Capacity minimum 2.4 Ltr) Cold Life Minimum 32 Hours	Piece	25	30	50	400			
5	ICE Pack (Capacity: 0.6 Ltr)	Piece	375	411	1000	1750			
6	ICE Pack (Capacity: 0.4Ltr)	Piece			250				
7	Freezer - Chest (Frozen icepack storage capacity Minimum 160 liters, has a net capacity to store 200 pieces of icepacks) Cold Life Minimum 14 Hours Preference will be given to longer holdover time.	Piece		1					
8	Oxygen Mask	Piece	25	25					
9	Nebulizer	Piece	10	10					
10	Surgical Gloves-	Pair	6000	6000					
11	BP set with stethoscopes	Set	28	27					
12	Digital Thermometer	Piece	24	23					
13	Pulse Oximeter - Handle hand/table top	Piece	18	18					
14	Pulse Oximeter - Thumb	Piece	40	40					
15	Oxygen Cylinder Regulator for Blue One	Set	18	9					
16	Nebulizer Mask	Piece	30	36					
17	Child Nebulizer Mask	Piece	20	16					
18	Fetus Doppler- Pocket obstetric Doppler models	Set	1	1					
19	Thermal Gun	Piece	9	8					
20	Autoclave -2 X 22 Double Drum	Set	1						
21	Safety Box for Covid-19 Vaccination Campaign	Box			9000				
22	Examination Gloves	Pair	8700	5000					

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Pic: DHIS-2 training to health workers at Tikapur

23	Disposable Mask (50 pieces in 1 box)	Box						1000	
24	Antigen Test Kit	Test			3700		5000		10,000
25	RT PCR Test Kit/Reagent	Test							10080
26	RNA Extraction Kit Automated	Test							10080
27	Virus Transport Medium (VTM)	Piece							10080

1.2 Train health personnel and support staff on supply chain management and database management at district and local levels

a) DHIS-2 training to health staffs: The Government of Nepal and the Ministry of Health and Population has enforced the online reporting system for all health facilities from local to federal levels to be regularly updated by the health facility staff. Health facilities have also requested to further enhance the skills and knowledge of health facility staff on using online reporting system. In order to fulfil this gap, a 3-day DHIS-2 training was provided to 41 health workers from Tikapur and Bhajani municipalities. During the training, the 41 health workers learned about the online reporting system in the DHIS2 platform where the COVID-19 vaccine data has recently been integrated. The training was helpful to enhance the capacity of health facility staff on analysis and use of data from municipality and health facility levels to improve data the recording and reporting of COVID-19 response related progress, as well as the quality management of health information at local level. With this, the program has supported seven health facilities located at remote locations of those municipalities. Through the training, the health workers are now able update the data and information through the online reporting system of DHIS-2.

1.3 Organize coordination and consultation meetings between three tiers of government and other stakeholders, such as UNICEF and the World Health Organization (WHO) to improve the supply chain management specific to the target area

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a) In order to bring coordinated effort among the concerned stakeholder for a smooth and effective implementation of the project, an inception sharing workshop was organized at municipal and provincial levels of Kailali with the participation of 31 stakeholders. The program was organized to share the objective, activity and budget of the COVID-19 Prevention, Response and Vaccination Campaign Support Project and collect feedback on planned activities that needed revision. The Palika level meeting was organized in the presence of Mayors, while the provincial level meeting was organized in the presence of a spokesperson of the social development ministry of Sudurpaschim province, the Director of provincial health directorate, head of district health office and provincial logistic management office. In addition to that, the municipal stakeholders, representative of Nepal Red Cross Society and the health unit focal persons also participated at the municipal level start-up coordination meeting. A participatory method was applied to share the intervention and collect feedback for improved collective action. During the workshop, suggestions and feedbacks were received on three areas 1) Cold chain management, ii) Support in case investigation and contract tracing iii) Support to increase more vaccination centers at under-served locations of the municipalities iii) and implement each activities of the project in close coordination with local municipalities and health facilities .

'I have participated in the training about the Pfizer vaccine and knew that Pfizer is more sensitive than other vaccines and it needs a 2-vaccine carrier, and special attention needs to be paid to maintain the temperature, which is so effective'.- one of the participant of KII

b) Community Score Card (CSC) is a two-way and ongoing participatory tool for feedback, accountability, planning, monitoring and sharing responsibilities among marginalized citizens, service providers, decision makers, in order to improve public service quality and social accountability. The CSC process brings together the demand side ("service user") and the supply side ("service provider") of a particular service or program to jointly analyze issues underlying the service delivery and find common ways of addressing those issues in future. 132 people participated in the CSC activities. Through CSC, process service gaps and emerging issues regarding fast and fair vaccination and effective preparedness and response was identified, where 14 indicators were scored to access quality health services. During the CSC process, a one-day interface meeting was organized with 56 stakeholders with the participation of community representatives where action plans were jointly developed to improve health services quality. One of the key achievements from the CSC practice are the extension of seven vaccination sites with required materials such as handwashing corner, masks, hand sanitizer, surgical gloves etc.

Outcome 1.2) Frontline health workers and outreach health facilities in rural primary health clinics have improved capacity to conduct COVID-19 vaccine delivery rollout:

Summary: 262 Health workers and FCHVs have received training on vaccine management guidelines, national vaccine guidelines, vaccination micro-planning, AEFI related training and beneficiary tracking, which helps to improve the capacity of the health worker regarding the process of vaccination. The result of such capacity building intervention is that the frontline workers have developed skills and knowledge of vaccination management - this is also one of the finding obtained from the vaccine perception qualitative survey. Likewise support of essential safety measures and equipment, as well as volunteer worker mobilization contributed towards the vaccination roll out program of the government at local level. The vaccination survey also indicated that health workers are considered to be the most reliable source of guidance for COVID-19 vaccine, followed by community informants and FCHVs. Therefore, the project approach to mobilize frontline workers for vaccination awareness has been very appropriate and

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timely. Beside this, material support at vaccination sites and transportation support to poor and vulnerable community members ensured that the vaccination program was fair and accessible among the eligible population.

Activity progress

1.4) Train frontline health workers (FLHWs), outreach health facility worker, female community health volunteers (FCHVs), and members of the Health Facility Management Committee (HFOMC) on national vaccination guidelines, microplanning of vaccinations, beneficiary registration, and vaccination tracking and monitoring:

a) A one-day municipal level immunization coordination committee training was organized at Bhajani and Tikapur Municipalities with the participation of the Mayor, Vice Mayor, ward chairpersons, health staff, health professionals, Disaster Risk Reduction (DRR) focal persons, school management committee member and media persons. In total 51 participants attended the training, of which 10 were female and 41 were male. The content of the training included the situation and context of COVID-19, its signs and symptoms, beneficiaries of the COVID-19 vaccination program, minor side effect of vaccination, AEFI (Adverse Event following immunization), vaccination rumors, and frequently ask questions about the COVID-19 vaccination program. Providing training to the local level immunization coordination committee on the COVID-19 vaccination program helped to activate and mobilize them actively during the vaccination campaign.



Fig: FCHV orientation on COVID-19 safety measures and vaccination

b) **Training to vaccinator:** A one-day training was provided at Tikapur and Bhajani Municipality in coordination with health unit of the municipality to 33 vaccinators of health facilities. The training was provided to inform them regarding the cold chain management system, minimum requirements of vaccination sites, minor side effects of the vaccination, AEFI (Adverse Event following immunization) and vaccination rumors. Demonstration and practical sessions were also included to capacitate the vaccinators to deal with the issues they might encounter at vaccination sites. Similarly, ensuring the required standard of hygiene and sanitation around the vaccination site was also discussed during the training. The vaccinators were also trained on new COVID-19 vaccines such as Verocell, Jonson and Jonson and Oxford-AstraZeneca which helped to strengthen the knowledge of health worker on new vaccine. This was also helpful to reduce vaccine wastage and adverse events following immunization (AEFI).

c) **Orient Female community health volunteer (FCHV) on covid-19 and mobilization :** A total of 218 female community health volunteers (FCHVs) were trained on COVID-19 safety measures, Risk communication and community mobilization and vaccination. A one-day training was provided in coordination with health units, during which the health in-charge personnel facilitated the training at both municipalities. After the training, the FCHVs were further mobilized for awareness raising programs at health mothers groups. In total, there are 218 health mothers group with a total of 4834 members. The mothers groups learnt about the COVID-19 safety measures and the importance of vaccination. As a result, the mothers groups further oriented the importance of vaccination at community level. Through this, a cascading method of awareness raising was introduced to raise awareness at community level. This has

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helped to increase the COVID-19 vaccination coverage, reduce rumours related to COVID-19 and use of safety measures and hygiene behaviour in the community. Vaccine coverage has seen an increase in both palikas through these interventions.

1.5 Provide funding and materials needed at vaccination sites (PPE for vaccinators, volunteers and other support staff; WASH facility maintenance; etc.)

Safety materials such as masks, handwashing corners, PPE for vaccinators, medical equipment, furniture and computer were supported at 7 vaccination sites to improve the vaccination service at two municipalities. Through these provisions, a total of 140,467 people were able to receive quality vaccination services. The volunteers and vaccinators were well oriented on the proper use of personal protective measures and its proper use during the vaccination.

1.6 Provide transportation support to poor, vulnerable people (particularly Dalit, people with disabilities, and households headed by women or elderly people) to access vaccination sites.

Instead of supporting with transportation, a mobile vaccination campaign was conducted at hard to reach communities for the inclusion of eligible marginalized people. From the mobile camps, 92 people (53 from Tikapur and 39 from Bhajani) have benefited.

Outcome 1.3) Two Local health systems have improved capacity on COVID-19 clinical case management, Community Investigation Contact Tracing (CICT) through the rollout of related guidelines and equipment support.

Summary: 53 health worker from two municipalities are capacitated on COVID-19 contract tracing and referral services. 208 Female Community Health Volunteers have also gained knowledge on contact tracing methods. The trainings to FCHVs and health workers on COVID-19 has resulted in improved knowledge and skills of local health service providers in the project areas. The support of medical supplies and sanitation accessories has further supported to equip local health facilities for better hospital level care facilities. Volunteer mobilization for data management of COVID-19 cases also supported in triage of the cases as per the severity and seriousness. The delivery of quality of service has improved at vaccine sites and health facilities with these support, as highlighted by the survey findings. Through software, as well as hardware support, the project has contributed to improve the local health system.



Pic: Materials supported at vaccination sites

1.7 Provide training to health workers on clinical management of COVID-19

This activity was modified during implementation - procurement training of diagnostic kits and medical supplies was conducted instead. The activity was changed to avoid duplication, as the Ministry of Health and population (MoHP) has plans to provide training across the country. Considering the time constraints, higher cost of this training and demand for MoHP to respond to the Omicron variant, this activity was replaced with procurement of diagnostic kits and medical supplies to support local and province level health facilities.

1.8 Provide coaching and mentoring to health care workers for COVID-19 case management.

a) Coaching and mentoring to health care workers for COVID-19 case management: 53 health care workers received coaching and mentoring on COVID-19 case management.

1.9 Provide medical supplies including diagnostic kits to health facility for clinical case management of COVID-19 cases.

Seven health facilities (2 from Tikapur and 5 from Bhajani) received medical supplies and safety equipment such as surgical gloves, nebulizer masks, safety boxes, examination gloves, oxygen masks, autoclave, nebulizers, oxygen cylinder regulators, and pulse oximeters to ensure the safety of health staff and service clients for the minimization of transmission risks and smooth service delivery at health facilities. 1741 have benefitted from this. In addition to this, one hundred two boxes of masks were provided to Bhajani and Tikapur municipalities during the national mask campaign. Coordinating with local authorities also supported the campaign in busy and public places, to raise awareness about the use of safety measures such as wearing masks, and proper hand washing.



Pic: FCHV mobilized for awareness raising on vaccine misconception.

1.10 Support local government to mobilize CICT team: A

one-day event was organized for Case investigation and Contact Tracing (CICT) to the sensitization of roles and responsibilities regarding COVID-19 management. In total 10 health representatives i.e. the health coordinator, ANM, AHW, lab technicians, health assistant, and the public health inspector attended the training. The training was facilitated by the health coordinators of Tikapur and Bhajani municipalities. Practical sessions on the Information Management Unit (IMU) software was also conducted. The IMU software collects data about the number of people in contact tracing and supports with the information management of COVID-19. As a result, a total of 83 contact tracing cases has been recorded by these trained personnel till date.

1.11 Mobilize FCHVs and community health volunteers for contact tracing referrals

A total of 58 volunteers were oriented on COVID-19 safety measures, signs and symptoms, vaccine misconceptions and the counseling process. From this, a total of 10 volunteers were mobilized as a point of entry and the remaining at community level for contact tracing and awareness raising. The 10 mobilized as a point of entry supported to record the data of migrant returnees from India and provided counseling on the COVID-19 vaccine. As a result of this intervention, 1002 people got vaccinated from health desk sites and 55 case of COVID-19 were identified from antigen testing. After the volunteer mobilization in the community and vaccination sites, there was an increase in the number of people getting vaccinated with easy access.

Outcome: 2.1 Target communities have improved knowledge of COVID-19 and increased vaccine acceptance

Summary: The project adopted different means and mode of awareness raising regarding COVID-19 and vaccine misconception. It mobilized community leaders, religious leaders, FCHVs, school teachers and students for awareness raising. Additionally, regular messages broadcasted from the radio also helped to cover palika population beyond Tikapur and Bhajani. The survey revealed that 94% of the vulnerable and remote communities demonstrated improved knowledge on COVID-19 prevention. Health workers, FCHVs, local radio, social media, community mobilizers, played an important part in raising awareness among the

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community people on vaccine acceptance. Posters, pamphlets, and flex were also used at eighteen vaccination site. Radio jingles were broadcasted in local languages through two local FM stations. Overall, the vaccine acceptance was found to be at 87%.

2.1 Train and support FCHVs, community leaders and religious leaders to raise community awareness about access to vaccination sites and vaccine-related misconceptions

A total of 45 community leaders and religious leaders were trained on COVID-19, its misconception and their role on raising awareness for the COVID-19 vaccine. The training was organized in coordination with the municipality. An interactive method was used in the sessions and the participants were encouraged to express their experiences and put their views throughout the training. Lectures, discussions, experience sharing and feedback collection was applied throughout the sessions. As a result of this training, the religious and community leaders refer the people to hospital if in case they detect any symptoms of COVID-19, which was not the case before the training. They have also started to follow safety measures while providing their traditional health services. Likewise, 4834 health mothers groups members were also made aware of COVID-19 through the trained FCHVs. As the government announced the vaccination program for children, the project oriented 726 teachers from forty schools on the COVID-19 vaccines. The teachers further oriented the students and as a consequence, 100% of the student (12-17 years age) have been vaccinated. This was conducted in close coordination with local schools and health facilities in and Tikapur and Bhajani municipalities.

2.2 Adapt and distribute the Government of Nepal's vaccination-related informational and educational materials to target municipalities

Different types of COVID-19 related IEC materials such as flex and, banners were distributed at vaccination sites and schools. The GoN's standard messages were adopted for the COVID-19 related IEC materials. During the project, preventive measure relaying COVID-19 messages were printed on T-shirts and caps and was distributed to volunteers that were mobilized in the community for household level awareness raising.

2.3 Conduct communication campaigns through broadcast radio messages and voice messages through Interactive Voice Response (IVR) system on the importance of vaccination

Awareness messages about COVID-19 safety measures has been aired in the form of radio jingles through two FM stations - Tikapur Samudayik FM of Tikapur and Shivashakti FM of Bhajani. The jingles were aired in two languages, Nepali and Tharu (local language), 12 times in a day for 6 months. Through this intervention, a total of 127,929 people have had access to COVID-19 safety information. Furthermore, the project also supported in the mask campaign of the government by providing masks to the local government for distribution to the public. As different study and RGA showed that the GBV cases were high during COVID-19, therefore a 16-day GBV campaign was also celebrated



Pic: Volunteer supporting in data management

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to raise awareness about the GBV concept and government rules and regulations, and referral mechanisms for GBV. Altogether 971 people participated in the campaign.

Conclusion

To achieve the goal of ensuring that poor and vulnerable communities in the western southern plains have access to improved COVID-19 prevention measures and COVID-19 vaccine, the project has implemented different activities from capacity development to cold chain management, diagnostic kits. The project has also provided medical supplies support for effective COVID-19 prevention, responses action of public health facilities vaccination campaigns and awareness raising programs. To minimize the vaccine misconception, religious leaders were also oriented and involved in the referral process. As a result of this, the project has contributed to the overall vaccination campaign of the government, increasing the number of vaccinated people. The COVID-19 vaccine acceptance rate was 76% in the study area as per the study and the analysis showed a significant association of acceptance of COVID-19 vaccines with the Municipality/ Rural Municipality, caste/ethnicity, family type. 10% of non-vaccinated respondents didn't want to receive the vaccine even if the vaccine is available. The reason behind not receiving the vaccine is due to fear of side-effects (53%), religious or cultural values (22%), doubt about the effectiveness of the vaccine (18%), other reasons, i.e., pregnant, disabled, people who take the medicines (16%). It is very essential that the project bring this finding to the Palika and convey the need to increase the advocacy and awareness of the vaccine to gain people's trust and increase the vaccine acceptance rate through trained human resources in coming days.