



**VACCINATION ACCEPTANCE  
RESEARCH NETWORK**

 **SABIN VACCINE INSTITUTE**



## **Vaccination Acceptance Research Network (VARN) Annual Conference 2022**

### **Vaccination Uptake in Marginalised Communities in India: An Analysis of Government and Civil Society Interventions to Address the Gender and Economic Divide in Accessing Free COVID-19 Vaccines**

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2 March 2022



# About #HumHongeKaamayaab



## Brief Introduction

The COVID-19 pandemic and lockdown restrictions have had an adverse effect on the health and nutrition of individuals in India. #HumHongeKaamayaab, a not for profit organisation, was set-up in April 2021 with a focus on bridging the gaps in public health welfare schemes and their implementation in under-resourced, marginalized and other vulnerable communities in India.



## Our Aim

To reduce the gap between the public health policy design and its implementation, and to provide good health to all. #HHK is striving to achieve SDG Goals 2030: 2 (Zero Hunger), 3 (Good Health and Well-Being), 5 (Gender Equality), 10 (Reduced Inequalities), 17 (Partnerships for the Goals).



## Current Goal

Two fold:

- To spread COVID-19 vaccine awareness and counter vaccination hesitancy in the country by empowering the population for making informed decision to get vaccinated; and
- To provide easy access to vaccination through digital, technical, medical and logistical support to those excluded by virtue of, inter alia, low connectivity, digital literacy, or access to verified information sources.



# Problem Statement

## Issues around COVID-19 Vaccination in India

We conducted a an initail need analysis survey for COVID-19 vaccination in an under-resourced community in New Delhi with 80 individuals (belonging to different age groups, gender, economic strata, education status and religion) in the months of February-March 2021 to understand following parameters:



### Awareness

**68% of targeted group** was not aware of COVID-19 vaccines and vaccination process, and atleast 20% of them did not even believe in the existence of COVID-19.



### Source of information

**87% of aware group** had received information about COVID-19 vaccines and vaccination process through Whatsapp. **None of them** had access to any official source of communication to fact check and verify the information received on COVID-19 vaccines and vaccination process.



### Literacy (General and Digital)

**76% of aware individuals** were unable to comprehend the meaning of vaccine, its need and benefits. **Almost 90% of them** had concerns, queries and myths regarding COVID-19 vaccines.



### Willingness

**Only 20%** were willing to get vaccinated.



# Problem Statement

## Issues around COVID-19 Vaccination in India

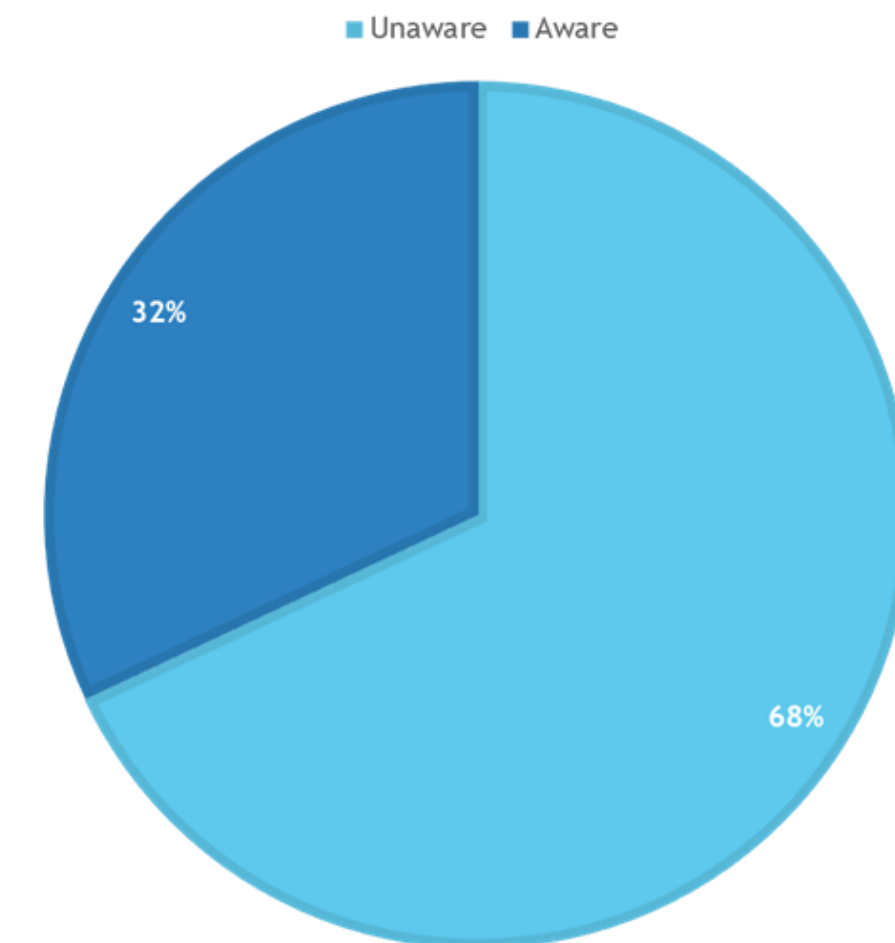
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COVID-19 VACCINE AWARENESS





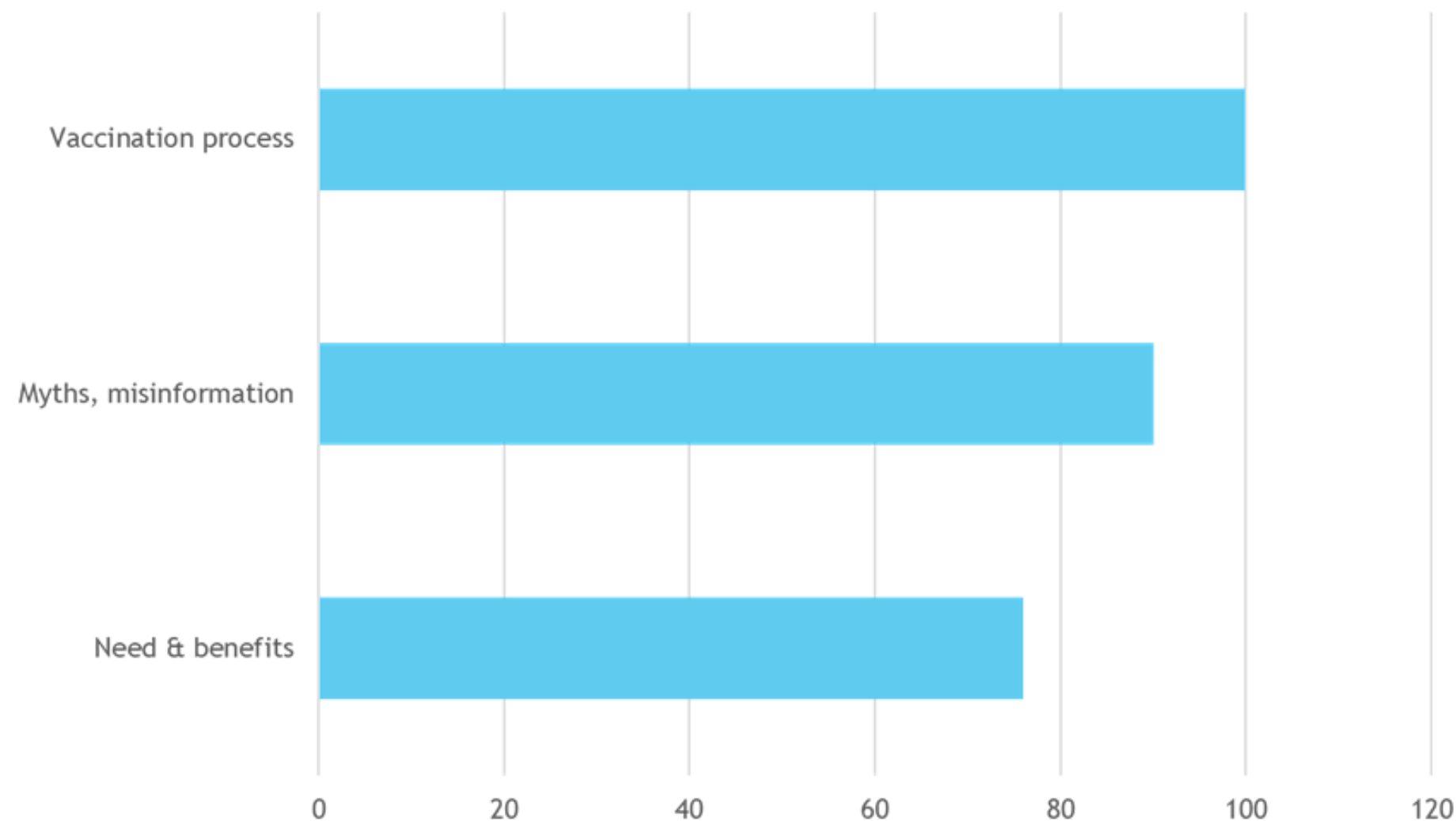


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Comprehension of vaccine and vaccination process



### Literacy (General and Digital)

**76% of aware individuals** were unable to comprehend the meaning of vaccine, its need and benefits. **Almost 90% of them** had concerns, queries and myths regarding COVID-19 vaccines. **100% of the aware group** had no understanding of how to get vaccinated (including the then eligible category of citizens)



# Problem Statement

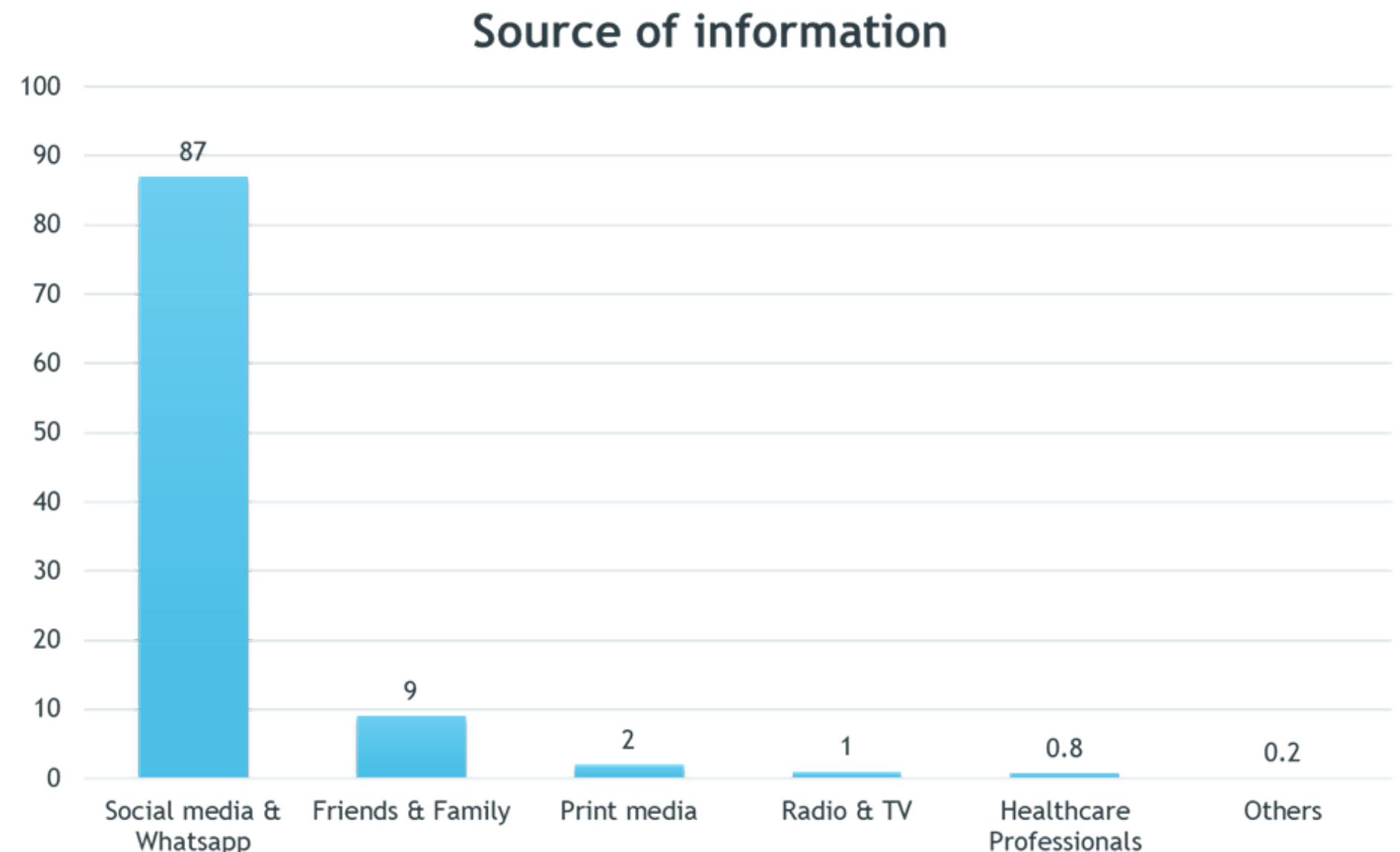
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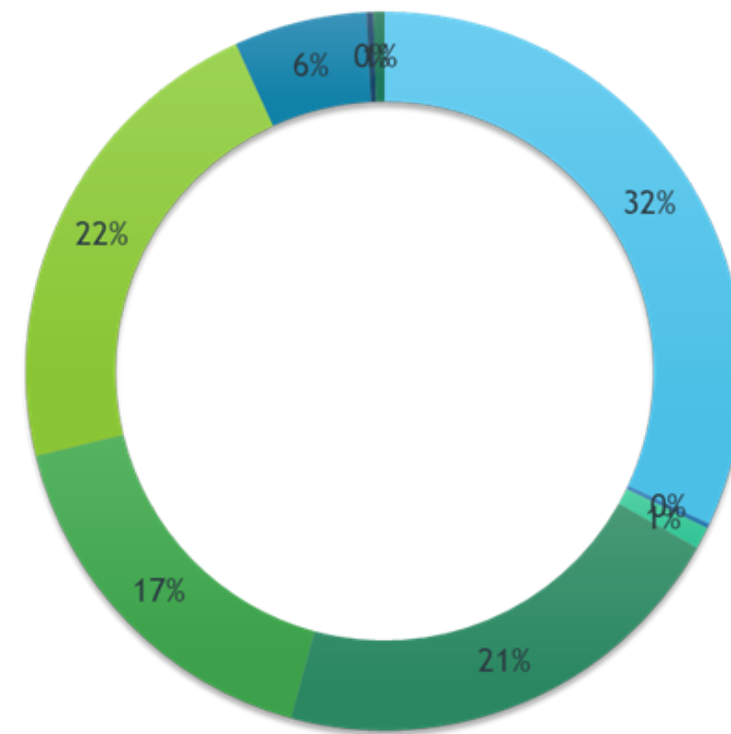


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Reasons for not getting vaccinated



- Scared of side-effects
- Scare of needles
- Don't believe in COVID-19
- Faith in self-immunity / No need
- Accessibility gap
- Misinformation-death, illness
- Religion belief
- Impotency scare
- Others



### Willingness

Only 20% were willing to get vaccinated.



# Solutions Provided through #HHK Models



## A Brief Story About The Solutions

#HumHongeKaamayaab believes in providing holistic support for the range of issues faced by society in getting vaccinated efficiently, such as widespread misinformation and exclusion. Our solutions are based on covering an end-to-end solution that begins with identifying the concerns of specific community members via direct channels, to effectively distributing verified and directed information collaterals, and finally helping the willing populations in getting access to the both doses of the vaccination through a dedicated team of volunteers and community influencers that are provided extensive expert and technical training.



## Awareness

- Partnered with organisations having beneficiary data pool to create and spread awareness.
- Created and collated awareness resources.
- Designed tailor-made awareness campaigns for partner network.



## Literacy

- Awareness resources created in regional languages in different formats-posters, videos, etc.
- Theme based and easy to understand resources are shared in timely manner for better impact.
- Medical expert sessions are held to provide direct platform with doctors.
- Technical training sessions are held to ease the vaccination process.



## Source of communication

- ICs are disseminated through the partner network to leverage in-built trust either through online means or in physical prints.



## Accessibility

- Virtual assistance provided directly to beneficiaries through in house trained volunteers for easy access to vaccines and vaccination centres.
- Assistance to partner network in vaccination of their beneficiaries and team members.



# #HHK Models

To achieve 100% COVID-19 vaccination for under-resourced, marginalized, and other vulnerable communities in India, #HHK has adopted the following models:



## AWARENESS CAMPAIGN

#HHK **Resource Database**, which includes a variety of posters, expert videos, information pamphlets, newsletters etc. in **multiple regional languages** to provide information on **more than 50 themes dedicated towards COVID 19 vaccine and vaccination process**, is used to design a **complete awareness campaign for our collaborators** that is customised to the specific needs of the intended beneficiaries with regard to **content, language, frequency, and distribution methods**.



## MEDICAL EXPERT TRAINING

#HHK conducts expert sessions with a panel of medical **professionals**, who have been **pioneers in drafting policies around COVID-19 vaccination for India** in liaison with the Central Government. The sessions are intended for the benefit of both the beneficiaries directly, and the community members who are in close contact with the beneficiaries. This process ensures that **organisation volunteers, community leaders, front line works such as PHC doctors, asha and anganwadi workers etc., are equipped with the necessary information** regarding COVID-19 vaccines, as well as an understanding on how to spread awareness on the same.



## DIGITAL TECHNICAL TRAINING

#HHK provides **full digital and technical assistance** around the use of the **digital COWIN portal, accessing vaccines online or at GVCs, ensuring access to the vaccination certificate, and mobilizing beneficiaries where required** to ensure that the complete vaccination process is executed seamlessly for all community members. We have on board **80+ volunteers** benefiting from our training modules and program, who further assist communities,



## VACCINATION ASSISTANCE

#HHK collaborates with **CSR foundations and local government bodies** to arrange dedicated vaccination campaigns for our communities. Additionally, our volunteer cohort also provides assistance, virtually or on ground or in a hybrid manner to assist the beneficiaries to get vaccinated at the dedicated centres or at GVCs.



# Virtual Format

## #HHK Awareness Campaign



#HHK  
RESOURCE

NGO PARTNER



ONLINE MEANS

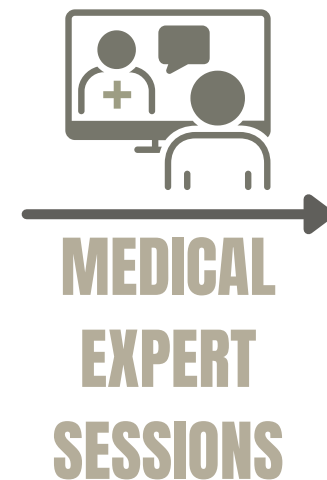


COMMUNITIES

## #HHK Medical Expert Training



X

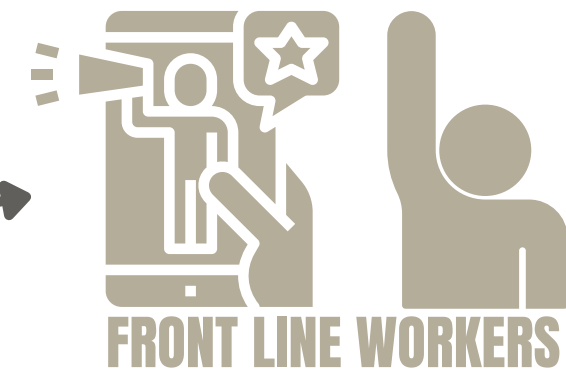


MEDICAL  
EXPERT  
SESSIONS

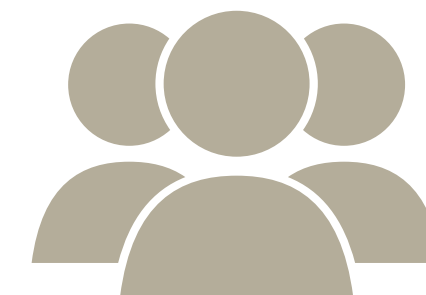
NGO PARTNER



VIRTUAL



FRONT LINE WORKERS



COMMUNITIES



IN PERSON





# Physical Format

## #HHK Awareness Campaign



NGO PARTNER



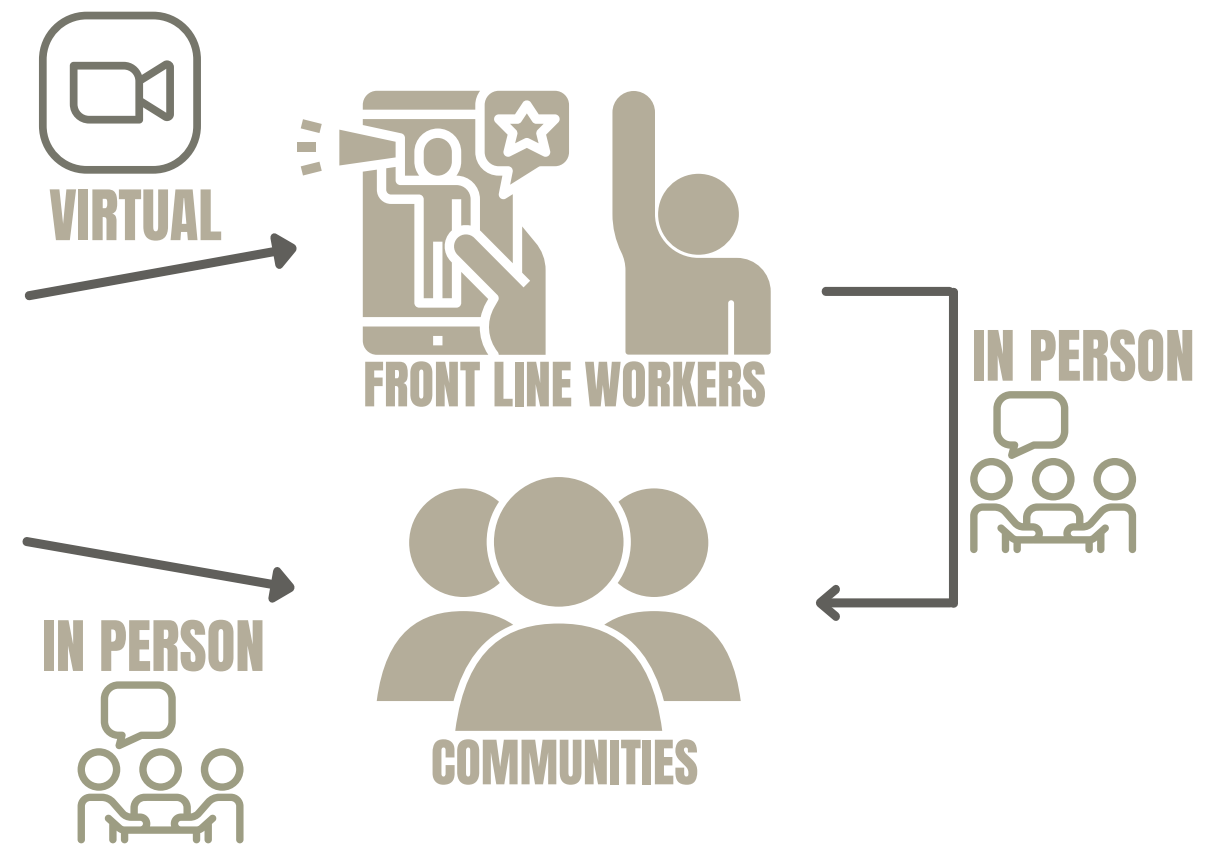
## #HHK Medical Expert Training



X



NGO PARTNER





# Hybrid Format

## #HHK Awareness Campaign



#HHK  
RESOURCE

NGO PARTNER

VIRTUAL

PHYSICAL

VIRTUAL /  
PHYSICAL



## #HHK Medical Expert Training



X



MEDICAL  
EXPERT  
SESSIONS

NGO PARTNER

VIRTUAL

PHYSICAL

VIRTUAL /  
PHYSICAL





# Vaccination Assistance



**NGO PARTNER**

**VOLUNTEERS**

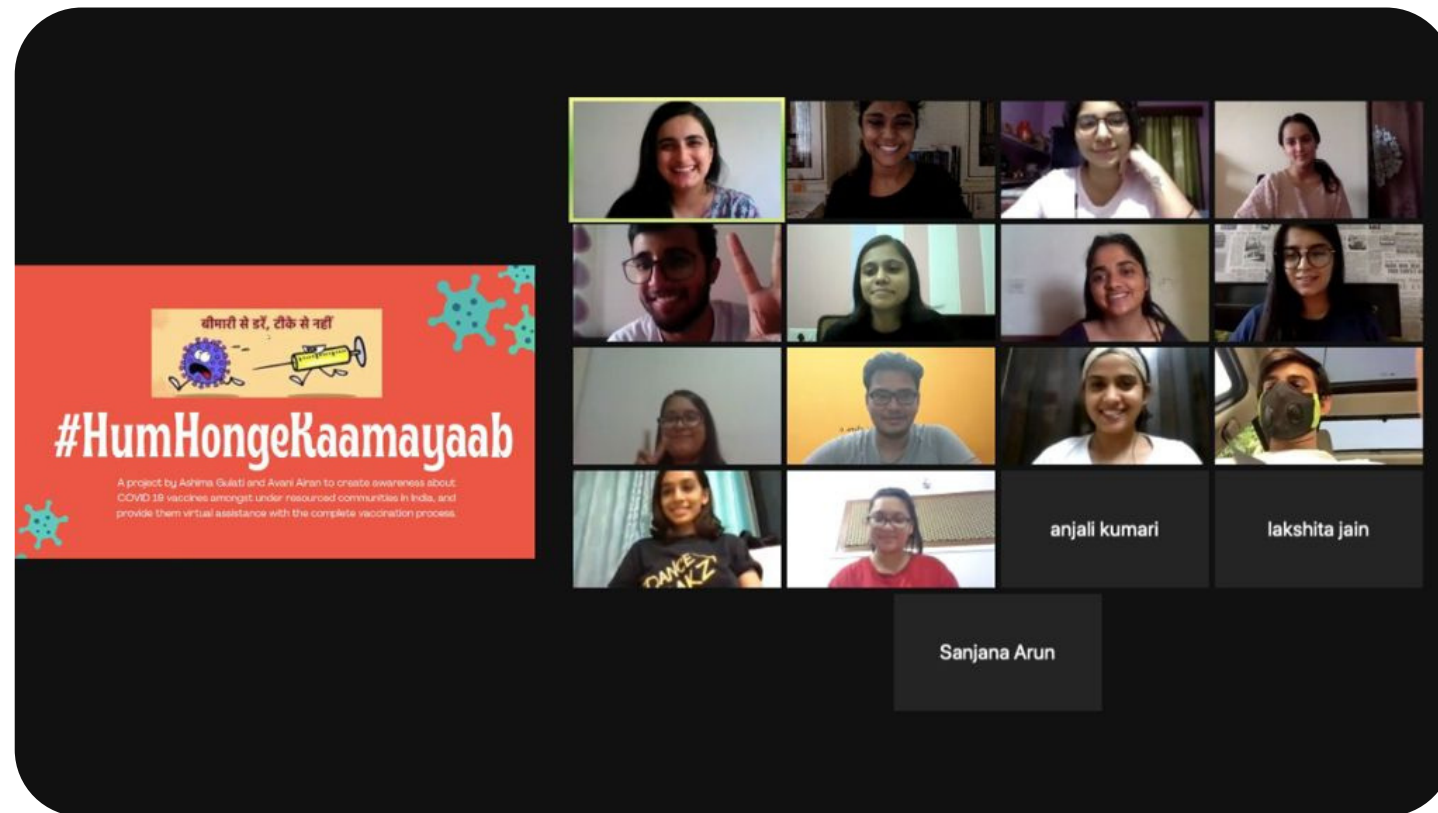


**VACCINATION  
ASSISTANCE**





# Market Validation



## A Brief Story About The Implementation Of Our Models

Since our inception, we have worked in collaboration with civil society organisations who have direct access to the beneficiaries. We have tailor-made our models for our collaborators based on their location, language and target audience parameters. For a few of our collaborators, we have executed an end to end solution model from identifying the interested population group, providing medical and expert counselling to the hesitant group. and assisted in providing vaccinations. We have also conducted expert sessions in regional languages for community members and influencers. Our unique and holistic solution model has enabled us to customise our work according to market needs.





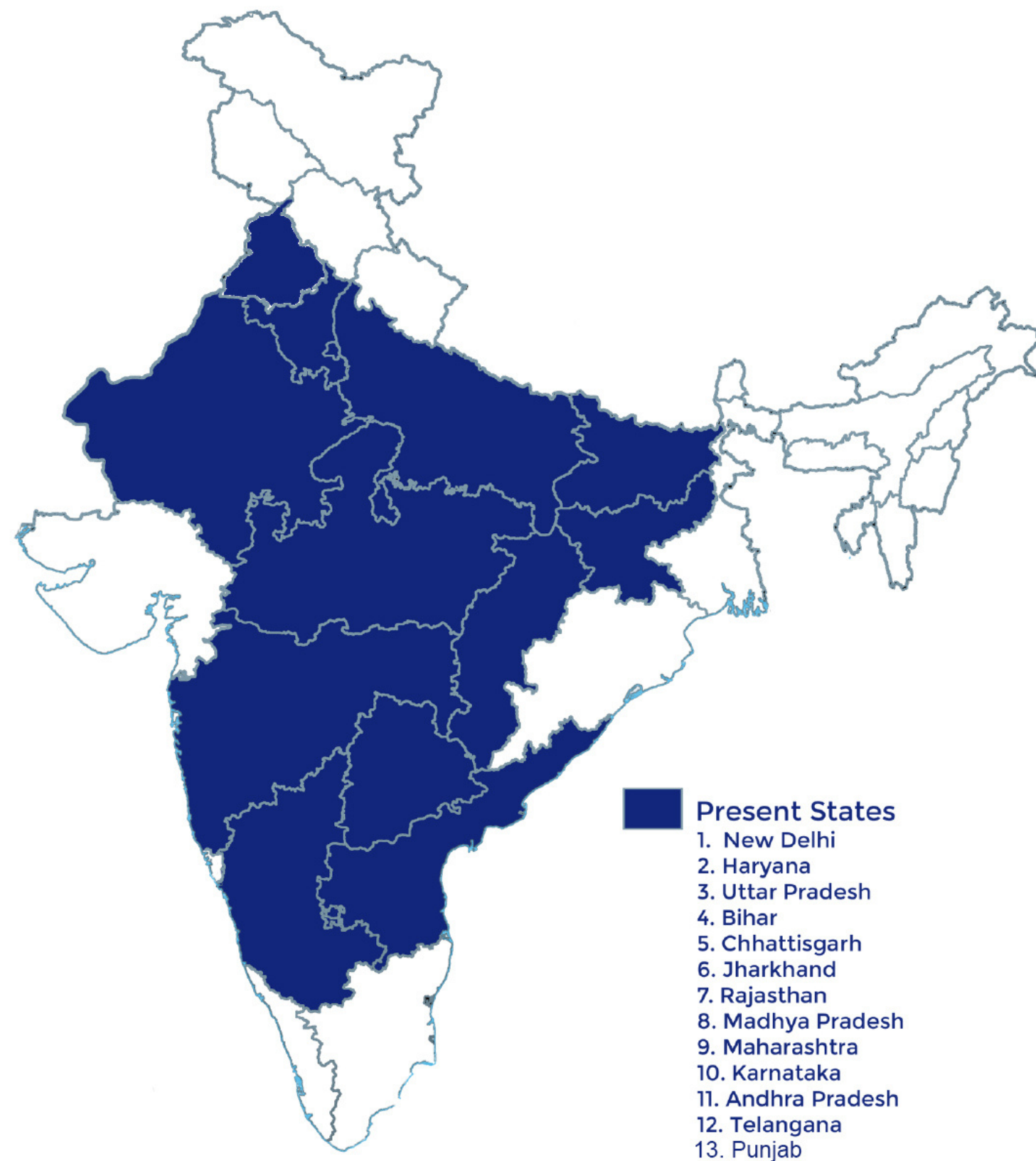
# #HHK Partner Network

The fight against the COVID-19 virus can only be won through dedicated collaborative efforts. We are extremely grateful for our network of partnerships and collaborations that have widened our reach to communities far and wide.





# Current Geographical Presence



## Present States

1. New Delhi
2. Haryana
3. Uttar Pradesh
4. Bihar
5. Chhattisgarh
6. Jharkhand
7. Rajasthan
8. Madhya Pradesh
9. Maharashtra
10. Karnataka
11. Andhra Pradesh
12. Telangana
13. Punjab





# Vaccination Uptake

For each of our intervention, we have conducted extensive survey to determine socio-demographic information, awareness and willingness to get vaccinated and vaccination status and accessibility concerns. Data collection was conducted by our team of 80+ volunteers, who were a part of an intensive and rigorous training program, including for data collection, privacy and sensitisation exercises. Their training also included an interactive online training session, reading guide and material, 1:1 mock calls and continuous support from the team.

For each of our advanced survey data, in addition to gaps in awareness, hesitancy and accessibility, our data revealed similar 2 trends in the intervention communities:



## Gender Divide

Over **70% of women respondents** showed a lack of awareness, more hesitancy and unwillingness to get vaccinated as compared to their male counterparts



## Economic Divide

Over 84% of respondents indicated concerns of loss of wage due to vaccination and its side effects as a concern for not getting vaccinated



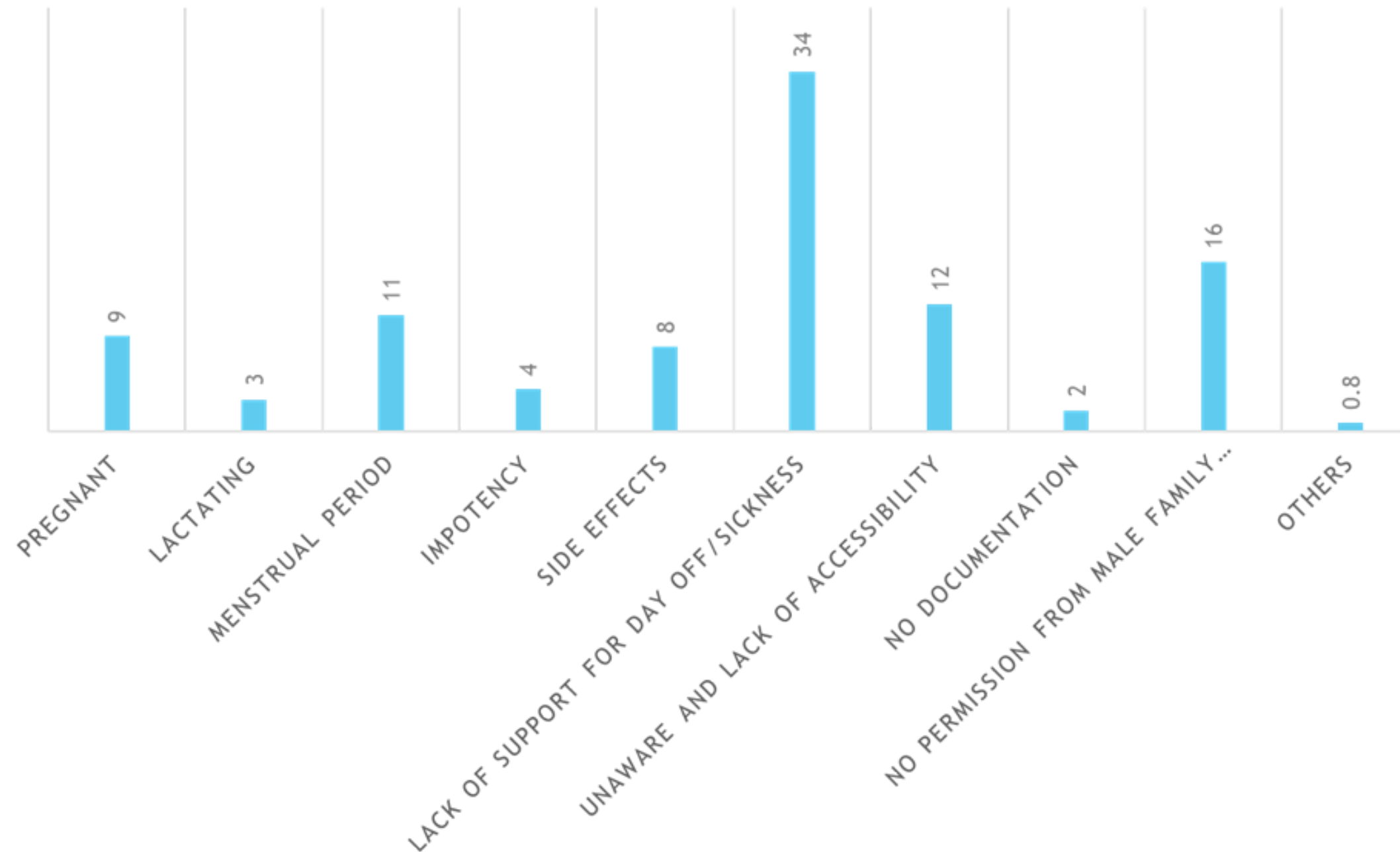
# Vaccination Uptake



## Gender Divide

Over **70% of women respondents** showed a lack of awareness, more hesitancy and unwillingness to get vaccinated as compared to their male counterparts

### REASONS







# Focused Approach

- Government has put in dedicated interventions to address such gender-specific issues and disparity by mobilising on ground/community empowerment through ASHA workers, Anganwadi workers, PHC doctors,
- Targeted sensitisation through medical professionals;
- Organising dedicated pink vaccination camps and centres for women, and
- Developing a framework for counselling of self and family members to get all vaccinated



Collaborating for a Vaccination Drive at Mangolpuri, New Delhi

**Spreading Awareness on COVID- 19  
Vaccination for Pregnant and  
Lactating Women**

10:30AM on 14th July 2021

With a panel of experts from TN Medical College and BYL Nair CH Hospital, Mumbai for Medical Staff at Mangolpuri, New Delhi

|  |  |   |
|--|--|---|
|   |   |    |
| <b>Dr. Arundattee Tilve</b><br>Assistant Professor of<br>Obstetrics and Gynaecology<br>Topiwala National Medical<br>College and Nair Hospital,<br>Mumbai | <b>Dr. Santosh Kondekar</b><br>Associate Professor of<br>Pediatrics<br>Topiwala National Medical<br>College and Nair Hospital,<br>Mumbai | <b>Dr. Ketaki Barve</b><br>Associate Professor of<br>Pulmonology<br>Topiwala National Medical<br>College and Nair Hospital,<br>Mumbai |

**#HumHongeKaamayaab**

**क्या COVID-19 की वैक्सीन महिलाओं या पुरुषों में संतानहीनता (infertility) का कारण हो सकती है?**

कोविड वैक्सीन से पुरुषों या महिलाओं में संतानहीनता होना कोई वैज्ञानिक प्रमाण नहीं है।

COVID-19 वैक्सीन पूरी तरह सुरक्षित और प्रभावी है।

अफवाहों या गलत सूचनाओं से सावधान रहें।  
कोरोना को हराना है, तो टीका ज़रूर लगाना है।





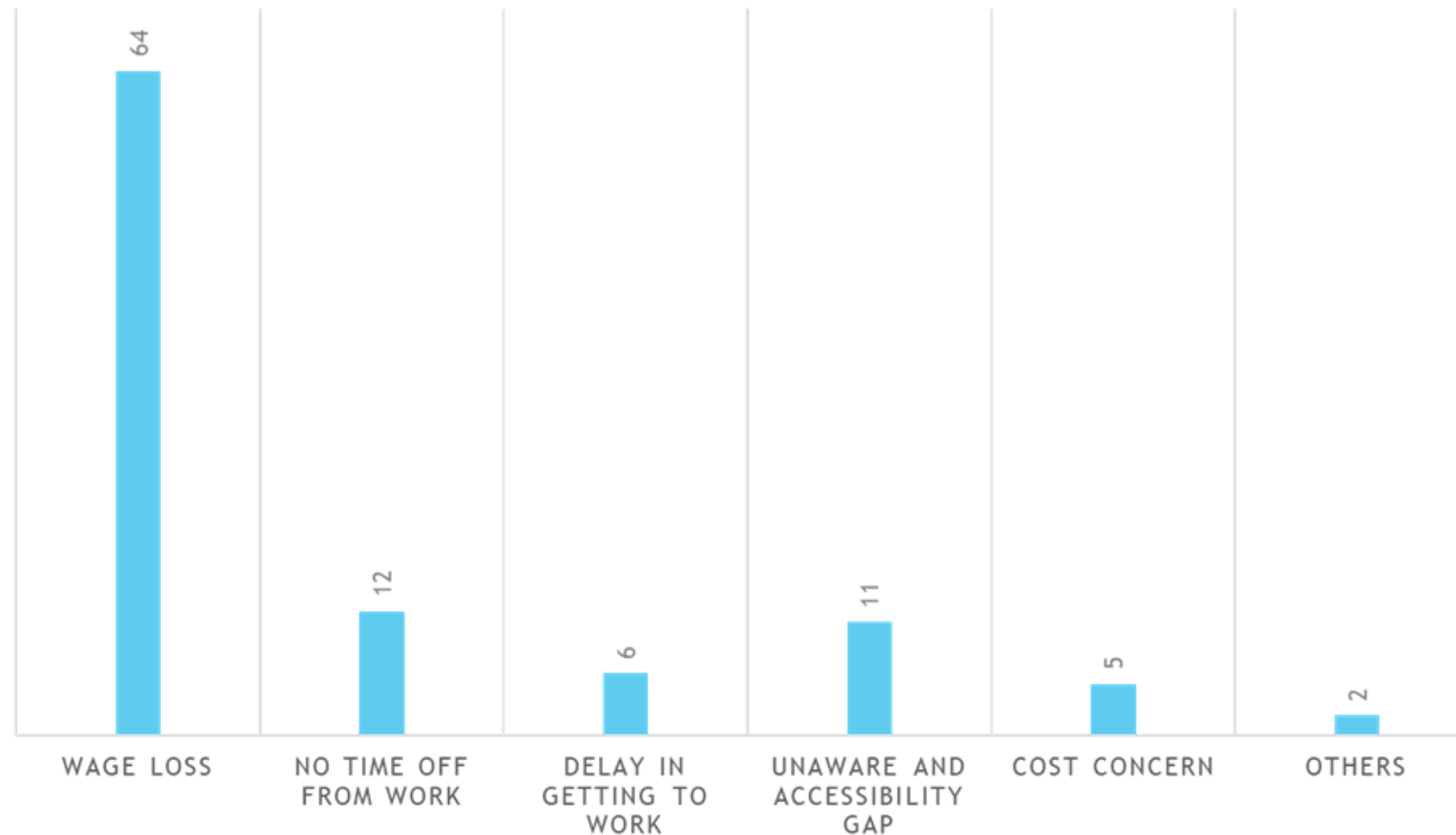
# Vaccination Uptake



## Economic Divide

Over 84% of respondents indicated concerns of loss of wage due to vaccination and its side effects as a concern for not getting vaccinated

### OCCUPATIONAL AND ECONOMIC BARRIERS - COVID-19 VACCINATION







# Focused Approach

- Government has put in dedicated interventions to address economic divide - Free vaccines
- The interventions put in by various civil society organisations in India, has included the supply of ration kits for the daily wage workers for getting vaccinated to offset the loss of wage
- Unorganised workers facing mandatory requirements without support
- Camps at the work of place itself-construction workers



COVID-19 के खिलाफ लड़ाई में मंडोरी समुदाय को मजबूत करने में मदद करने के लिए एक सहयोग

#Hum Honge Kaamayaab

100TH MEDICAL COLLEGE & BYL NAR CH HOSPITAL MUMBAI

100TH MEDICAL COLLEGE & BYL NAR CH HOSPITAL MUMBAI

People United for Law, Education and Rehabilitation

P.U.L.E.R.

COVID-19 टीकाकरण पर जागरूकता फैलाने का एक प्रयास

27 जुलाई 2021 को सुबह 11:00 बजे

टीएन मेडिकल कॉलेज और बीवाईएल नायर सीएच अस्पताल, मुंबई के विशेषज्ञों का एक पैनल मंडोरी, मध्य प्रदेश के समुदाय के सदस्यों के लिए कुछ सवालों के जवाब देगा।







# IMPACT OVERVIEW



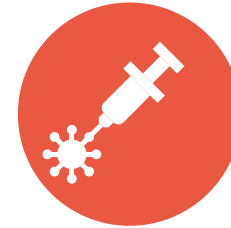
Awareness  
Campaign



Digital  
Training



Medical Expert  
Training



Vaccination  
Drives



|               |         |
|---------------|---------|
| Languages     | 5       |
| States        | 13      |
| Themes        | >50     |
| Beneficiaries | >75,000 |



|           |        |
|-----------|--------|
| Languages | 3      |
| Sessions  | >12    |
| Experts   | >25    |
| Trainees  | >1,100 |



|               |        |
|---------------|--------|
| Languages     | 4      |
| States        | 13     |
| Volunteers    | >80    |
| Beneficiaries | >2,500 |



|               |        |
|---------------|--------|
| Cities        | >6     |
| Beneficiaries | >2,000 |





# Learnings & Future Strategies



## Willingness - Awareness

- **Contextualising** the awareness resources around the need and process of getting vaccinated for specific interest groups in a **localised manner**
- Localised resources to be **easily available and accessible** by community members through official sources
- Creating a **channel between the under-resourced and medical experts** through workshops, training sessions, and pre-recorded videos targeting ground level influencers and direct beneficiaries.



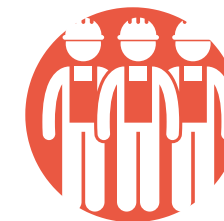
## Capacity Building - Collaboration

- Promoting collaborations between the **government and civil society**, who already are working at grassroot levels;
- Leading engagement with **community leaders, cultural and religious leaders, school administration, local influencers**
- Train **local leaders & influencers** to provide assistance



## Gender Focus

- Robust framework and initiatives for **behavioral change for prioritising women health**
- **Local engagement** with Asha Workers, Angandwadi workers to mobilise and sensitize
- **Dedicated vaccination camps with specific infrastructure** suitable for pregnant and lactating women



## Economic Concerns

- Addressing economic concerns around wage loss by **providing for food and ration kits** for those in need
- Alternatively, providing for **direct cash transfers or leaves** for workers getting vaccinated and struggling with side-effects.
- Accounting for **logistical concerns and expenses** for daily wage workers to travel to vaccination centres, by attempting to organise on site campaigns or procuring transport facilities to vaccination centres.





# Thank You



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