

MOMENTUM

Routine Immunization Transformation and Equity



CASE STUDY: INDIA

MICRO-TARGETING FOR EQUITABLE COVID-19 VACCINATION

Summary

This case study illustrates how USAID's MOMENTUM Routine Immunization Transformation and Equity project, in partnership with the Government of India and the Ministry of Health and Family Welfare, used a micro-targeting strategy to identify and convey information about COVID-19 vaccination to marginalized and hard-to-reach populations across 18 states in India. It discusses related opportunities, challenges, and key lessons for the global health community.

The MOMENTUM Routine Immunization Transformation and Equity project (the project) aims to strengthen routine immunization programs to overcome entrenched obstacles that contribute to stagnating and declining immunization rates and address barriers to reaching zero-dose and under-immunized children with life-saving vaccines. The project also provides technical support for COVID-19 vaccination and supports countries to mitigate the consequences of the pandemic on immunization services. The project is implemented by JSI Research & Training Institute, Inc. along with PATH, Accenture Development Partnerships, Results for Development, CORE Group, and The Manoff Group.

Innovative Response

To vaccinate all eligible people, the Government of India has launched several campaigns, including Har Ghar Dastak ("Knock Every Door") and Amrit Mahotsav, which focused on vaccinating older people (65 years and older), health care workers, and 12–14-year-olds. USAID's MOMENTUM Routine Immunization Transformation and Equity project (the project) has extended the reach of these campaigns by increasing access to vaccine information, services, and demand among people who are socially and economically marginalized in the 18 states that the government selected based on COVID-19 coverage data.

The project used a micro-targeting strategy that included collaborating with 26 Indian non-governmental organizations (NGOs), community activists, and government leaders to develop local, community-driven strategies. The project's regional coordinators worked with local ministries of health to facilitate microplanning and access to resources. Through these collaborations, the project implemented the feedback and needs of the communities into the program strategies to support more than 4 million people getting vaccinated.

Background and Context

Between January 2020 and September 20, 2022, India reported about 44 million COVID-19 cases. The waves of COVID-19 across the globe spiked in India as well, with the most deadly in September 2020 and March 2021. Vaccines were introduced in January of 2021, and as of December 2022, the country had administered 2.2 billion doses.¹



Photo credit: JSIPL staff

An elderly woman in Meghalaya post taking her vaccination at a camp organized in her locality.

¹ <https://covid19.who.int/region/searo/country/in>

Photo credit: JSIPL staff



A community meeting organized for women from the PVTG community in Chhattisgarh to mobilize them on benefits of COVID-19 vaccine.

As of January 12, 2023, the project had facilitated delivery and administration of over 14.95 million doses of the COVID-19 vaccine to high-risk population sub-groups including tribal and nomadic groups, truckers, older people, pregnant and lactating women, transgender people, people with disabilities, out-of-school youth, and adolescents in institutions.

In the state of Chhattisgarh, the project conducted a vulnerability mapping exercise with local NGO partner Samarthan Center for Development and identified the Kamar people, who are members of a particularly vulnerable tribal group (PVTG) for vaccination outreach. The Kamar people live in Gariyaband and Dhamtari Districts where they are isolated and earn a living by making and selling bamboo products. Because the Kamar can be wary of people from outside their community, the project engaged local leaders to communicate with Kamar women. Through these conversations, the project learned that vaccine hesitancy among women was due to a rumor that COVID-19

was leading to the death of breastfed children. Together with local leaders, the project spoke to the women in the community about their concerns and provided compelling scientific information to help them overcome their fear and hesitancy.



The project also collaborated with the state of Odisha PVTG Empowerment and Livelihoods Improvement Project under Integrated Tribal Development Agency to organize 59 vaccination camps in some of the state's most isolated and vulnerable communities. Health workers and mobilizers walked to the villages in the hilly and forested area and vaccinated more than 5,500 people.

Religion is a critical factor in the lives of many Indian citizens, and religious leaders are often some of the most respected figures in their communities. Churches, mosques, temples, and other religious sites have become visible symbols of the community's ability to overcome the virus. They have acted as hubs for the COVID-19 response, with health workers and community and faith leaders educating, testing, and vaccinating people.

As one example, in the state of Punjab the project and local NGO partner SARD approached the Golden Temple Gurudwara, a preeminent spiritual site of Sikhism and an open house of worship for people of all faiths. Gurudwara's leadership agreed to collaborate. The project team proposed activities such as holding sessions to build COVID-19 vaccination awareness, highlighting facts about vaccination and its benefits, clarifying myths and rumors, and raising community ownership of health for the temple to conduct. The temple leaders issued an appeal encouraging all Sikhs to get vaccinated. This led to 4,559 people getting COVID-19 vaccinations at the temple. In total, the project's collaboration with faith-based communities led to more than 11,000 people being vaccinated in Punjab, especially in low-coverage areas.



Photo credit: JSIPL staff

Vaccination of an elderly in Punjab.

Benefits

The project tailored its strategies to generate vaccination demand by working with and listening to community members. These micro-targeted approaches increased access to vaccinations for many different populations. The figure below demonstrates project reach by community.

Special, Vulnerable & Marginalized Categories Reached with COVID-19 Vaccination

TOTAL NO. OF BENEFICIARIES - 6,386,007 | CAMPS ESTABLISHED - 158,961

CATEGORY	BENEFICIARIES	CAMPS	CATEGORY	BENEFICIARIES	CAMPS
Migrants	231,424	5,199	Co-morbidities	84,815	2,168
Physically challenged	51,716	3,243	Brick kiln workers	42,706	979
Tribes	874,637	13,678	Trucker's	63,978	2,655
Particular vulnerable tribal group (PVTG)	28,655	1,001	School drop out children	49,831	1,845
Factory workers	251,016	6,940	Chakma & Lai community (Mizoram)	14,170	852
Transgender/LGBT	2,868	194	Drug addicts	6,410	454
Minorities	173,548	4,356	Border villages	102,067	1,832
NREGA/Daily wage laborer	206,805	3,301	People living with HIV & TB patients	341	60

Note: The table includes a subset of the total number of beneficiaries reached as of January 23, 2023.

Challenges

Vaccine hesitancy was the project's greatest challenge, especially in the beginning of the pandemic. This was caused, in large part, by myths and rumors about side effects. Working with faith-based organizations was critical to overcoming this challenge. The project worked to build back trust by sharing information and evidence on the vaccination with trusted community leaders, who then shared this information among their community members.

Another challenge lay in the capacity of the 18 states to meet the needs of the rapidly evolving COVID-19 situation. To help strengthen capacity at the state level, the project provided a communications point person, a monitoring and evaluation officer, a supply chain officer, and 11 state AEFI (adverse events following immunization) officers to round out the existing teams in project states. The project state teams communicated directly with the government state teams to address the lack of personnel. The project also connected the state teams with local NGO partners to complement the work.

The project team worked closely with local NGOs and state-level teams to identify those populations living in remote areas or with physical challenges obstructing their ability to attend vaccination camps or reach health facilities offering vaccination. To support vaccination of these populations, the project organized mobile vaccination efforts and more localized vaccination camps and helped to bring vaccines directly to overlooked remote communities through the Vaccine on Wheels initiative.



Vaccine Hesitancy
(eg. strong religious beliefs) act as a deterrent to vaccination.



Variable State Capacities
in implementation of vaccination drive.



Geographical Inaccessibility
especially in the North East States.



Micro-Barriers
to address vaccination at the community level.

The project works to learn and address micro barriers to vaccination at the community level. An example of this was in understanding the influences and reasons why some people didn't get their second COVID-19 vaccine dose. The project found various communication barriers, to which it applied solutions including community miking (using a megaphone to convey information in villages and at markets); and printing illustrated educational materials so that people with lower literacy could understand them. Additionally, the project supported individuals to complete the required digital registration via CoWIN when that step became an obstacle to obtaining vaccination services.

Opportunities Beyond the COVID-19 Vaccine Response

The COVID-19 pandemic has interrupted health service delivery. There was 26 percent reduction in routine immunization in the first quarter of 2020, as compared with 2019 (Health Management Information System).² The learnings from the micro-targeting strategies used during the rapid rollout of COVID-19 vaccination can be applied to efforts to resume routine immunization programs at scale. At its core, the micro-targeting goal is to work with partners and local leaders to tailor vaccination implementation. It starts with understanding the community, and then finding the most effective and appropriate way to offer care. For example, an effective addition to the program was integrating COVID-19 services into regular medical check-ups. The project utilized disabled population camps established by local hospitals for COVID-19 education and vaccination. The same can be done for caregivers during routine immunization visits and outreach campaigns.

Lessons Learned

Providing data based insights from the field helped in policy change and scale up.

Engagement of local organizations to reach last mile is an effective strategy.

Community-based engagement approaches lead community ownership and maximizes results.

Targeted approach - low vaccine coverage areas lead to equitable coverage.

Since beginning the micro-targeting strategy, the project has evaluated progress and adjusted the implementation strategy accordingly. In leveraging partnerships, such as having state governments working with local NGO partners to identify target populations and areas, the project has used the innate knowledge of those working in the area to guide the strategic approach. A foundational lesson learned was the importance of community-centered approaches. The project's successes were influenced by community inputs and feedback, resulting in a microplanning strategy that went beyond the health facility and met the people where they were.

Communication has been fundamental to the project's achievements. Examples include one-on-one counseling sessions, focus group meetings, and house-to-house visits to allay concerns and contextualize COVID-19 vaccination and care. The project translated materials into many local languages and used illustrations to account for differing literacy levels. The team also leveraged specific tactical days such as International Women's

Day, and national holidays such as Independence Day, for media blasts and community events to keep COVID-19 in the national conversation. The continuous learning and adapting of micro-targeting strategies throughout the program cycle resulted in meeting the needs of marginalized and hard-to-reach populations and increasing access to COVID-19 vaccinations.

Additional Resources

WHO India COVID-19 Dashboard:

<https://covid19.who.int/region/searo/country/in>

Learn more about the MOMENTUM Routine Immunization Transformation and Equity project in India: <https://usaidmomentum.org/resource/supporting-covid-19-vaccination-in-india/>

² Health management information system, GOI, <https://hmis.mohfw.gov.in>