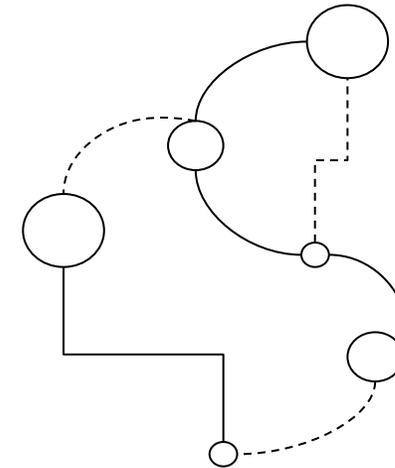




Mobile vans and community engagement to increase uptake among geographically hard-to-reach and elderly populations in Assam, India

Proven and promising strategies for enhancing vaccine confidence and uptake and risk communication and community engagement with an emphasis on high-risk and vulnerable groups

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The Problem

Situation overview

- Low uptake of COVID-19 vaccines in vulnerable populations in India have been attributed to:
 - **Lack of confidence** in vaccines
 - **Lack of access to vaccination sites** → 40% of elderly have disabilities, and 20% cannot travel to vaccination sites
 - **Lack of sufficient resources and adequate infrastructure** → particularly difficult-to-reach, scattered populations and those living in hilly terrains
- Specifically, in the Northeastern states **second COVID-19 dose** coverage was documented to be the **lowest among vulnerable and marginalized populations**, such as the elderly, and rural populations

Problem statement

- How can we **increase access to and uptake of vaccines** in **geographically hard-to-reach and vulnerable populations**, specifically:
 - Older populations
 - Rural populations



The Solution

Actions

Mobile vans combined with community engagement generated demand, mobilized the community, and provided last mile delivery support:

Influencers and partnerships

- Engaged *local government and community leaders* to understand the causes of low vaccine uptake and identify potential solutions
- *Trained personnel* to communicate about risks and benefits of the vaccine to address hesitancy and confidence
- *Local community based organizations* onboarded to coordinate, mobilize and raise awareness among geographically hard-to-reach communities on the mobile vaccination campaign through media engagement and community health workers

Community engagement approaches

- *Collaborated with local NGOs* to develop appropriate community awareness strategies such as door to door interpersonal counselling

Practical considerations

Brought the vaccination sites closer to the beneficiaries:

- Deployed 15 mobile vans for vaccination in hard-to-reach areas and elderly populations
- Arranged transportation to vaccination sites
 - Worked with district health authorities to identify the populations that lacked access and provided transportation
- Provide support for registration

Measurement

Vaccination staff recorded each client's vaccination and entered data in India's CoWin database as well as the project database to enable measurement of the number of beneficiaries served by this strategy.

Project team documented *qualitative lessons* learned.



Wellness on Wheels – mobile vaccination units in Tea garden areas of Assam in Northeast India.

Outcomes and Key Learnings

Outcomes and Impact

From this intervention in Assam:

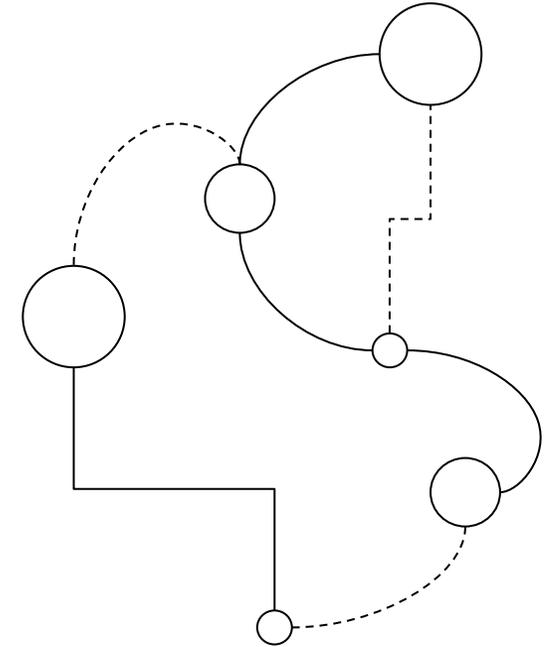
- In 15 districts of Assam, through mobile vans the demand generation and community engagement interventions have reached 300k community members with USAID supported COVID-19 vaccination messaging, including the elderly
- The mobile vans have administered 10,127 COVID-19 vaccines doses in geographically hard-to-reach areas in these districts

Across 18 states in India the project has contributed to reaching more than 6.2 million with COVID-19 vaccine doses



Key Learnings

- **Ongoing collaboration with local government and community leaders** helped to identify hard-to-reach populations, such as the elderly, and potential solutions
- **Partnering with community-based organizations to devise contextually-appropriate outreach strategies** helped to:
 - Identify and train volunteers
 - Work with NGOs with embedded and trusted by the community
 - Rely on local leaders in villages, self health groups to increase awareness about the program strategies
- It was critical to **invest in non-traditional approaches of reaching hard-to-reach groups** such as mobile vans and transportation support .



THANK YOU

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