Rapid assessment of knowledge, risk perception, trust and acceptance of proposed COVID vaccination among adult men and women of Uttar Pradesh

Study Objectives- Quantitative

- Determine respondents' knowledge of cause, transmission, prevention and treatment of COVID-19, (including myths, misconception, and misinformation)
- Determine belief in their capacity to accept two shots of vaccine (self-efficacy), risk or threat perception, trust reposed in vaccine and the health system

Study Objectives-Qualitative

1. Find out service providers (ASHAs) readiness to accept COVID-19 vaccine and seek suggestions about ways of promoting the vaccine
2. Assess adult male and female community members' understanding of COVID-19 , its salience and consequences for them.
3. Determine adult male and female community members' knowledge, attitude, perceived risk, and trust in COVID-19 vaccination
4. Assess ANMs' and other influencers' understanding of COVID-19, their role in promoting such understanding, their trust in COVID-19 vaccine, and the part they play in addressing community's health-related issues.
5. Identify factors that may likely affect vaccine uptake.
6. Generate concrete and actionable ideas that would guide development of strategies to launch a COVID-19 communication implementation plan

Methodology-Quantitative

- Four districts: Lucknow, Gorakhpur, Lalitpur and Moradabad
- Districts selected as
  - these are geographically spread out (representing the four socio-cultural regions of the state)
  - these have shown varying degrees of vaccine resistance in the past
  - And, these have moderate to high number of COVID-19 cases and deaths
- A close-ended quantitative survey was administered to male and female respondents over 50 years.
- Respondents were contacted telephonically for data collection by IED Team
- List of potential respondents was prepared with help from local ASHAs and the Social Mobilization Network

Methodology-Qualitative

- The qualitative study consisted of 28 key informant interviews and 28 in-depth interviews in four districts.
- The key informant interviews were done with:
  (a) 16 frontline health service providers (8 ASHAs, 8 ANMs)
  (b) 4 community leaders,
  (c) 4 faith leaders and
  (d) 4 local healers.
- The in-depth inerviews were done with:
  (a) 8 male and 8 female adults over the age of 50 years;
  (b) 4 community leaders,
  (c) 4 faith leaders and
  (d) 4 local healers.
- In addition, 18 participants from urban Lucknow and Moradabad were interviewed at a later stage.

SD Characteristics of Respondents (N=976)

Age, mean (SD)	59.2 (8.21)
Age Group	
50-60	535 (55%)
60-70	284 (29%)
70-80	133 (14%)
80+	24 (2%)

Education	
No formal schooling	358 (37%)
Up to 5th class	137 (14%)
6th to 8th class	119 (12%)
9th to 12th class	209 (21%)
Graduate and above	148 (15%)
others	5 (1%)

Gender	
Male	727 (74%)
Female	249 (26%)

Religion	
Hindu	802 (82%)
Muslim	162 (17%)
Sikh	4 (%)
Christian	2 (%)

Caste	
SC	297 (30%)
ST	26 (3%)
OBC	280 (29%)
General	311 (32%)

BASIC AWARENESS

Knowledge of cause, Transmission, Prevention and Treatment of COVID-19

Knowledge

COVID Symptoms

- Fever 76%
- Dry Cough 73%
- Shortness of Breath 69%
- 19% Fatigue
- 18% Sore Throat
- 16% Loss of smell
- 13% Headache

Mean Symptoms

2.9

Knowledge

COVID Transmission

- Droplets from mouth 62%
- 36% Airborne
- Direct contact with infected person 62%
- 36% Direct contact with infected surface

Mean numbers recalled

1.7

Knowledge

COVID Prevention

- Maintain 6’ distance 76%
- Wear Mask 92%
- Use sanitizer/soap 81%
- 27% Cover mouth sneezing/coughing
- 16% Avoid contact with ill people

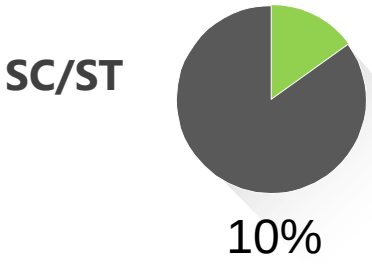
Mean numbers recalled

2.9

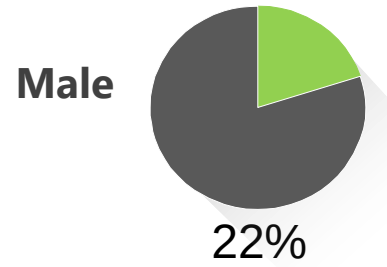
Knowledge about Two COVID vaccine Doses

2-Doses
20 % (N=197)

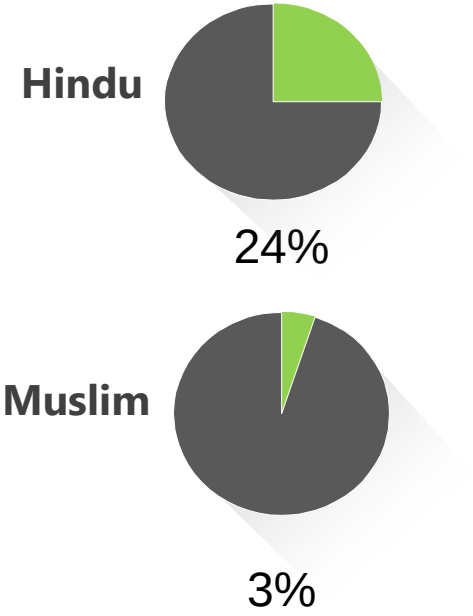
Caste



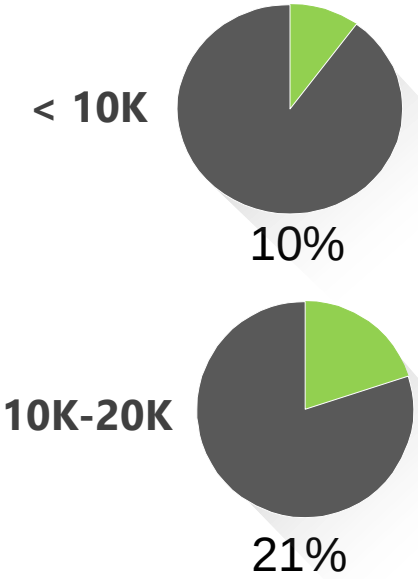
Gender



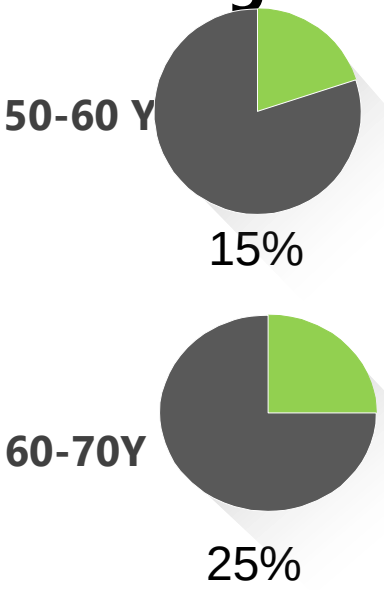
Religion



Income



Age



Basic Awareness

- Respondents (Adult members) exhibited high awareness regarding COVID Symptoms, Transmission routes, and Prevention measures. On an average, respondents recalled '3' Symptoms, '3' Prevention measures and '2' Transmission routes.

- Results of IDI showed awareness about COVID—symptoms, transmission and prevention was also high among faith leaders, local healers and urban youth.

- People showed low perceived susceptibility to virus. Absence of fear due to low incidence of COVID in immediate community & social circle; stigmatization due to mask use; fear of quarantine; and fatalist attitude have made people complacent about COVID avoidance behavior

"Now Corona is getting over. As per me, there is no disease. It has been made by humans. I am not scared of this disease. People are wearing masks but I have not because my Almighty is with me. We don't even have cough or cold. In our house, during Corona, the kids didn't get even cough or cold." (Adult 50+ years female; Lalitpur)

- Awareness about Vaccine Doses was poor— only 2 out of 10 people were aware about two vaccine doses . High disparity in respondent's awareness about vaccine doses was observed. For example only 15% of respondents from SC/ST were aware about two vaccine doses compared to 60% respondents from General category. Similar disparity was observed across Gender (Male 80% vs Female 20%), religion (Hindu 95% vs Muslim 5%) and income category

- In contrast, FLWs and Local Healers had high Awareness about vaccine doses, vaccine and their brand name.

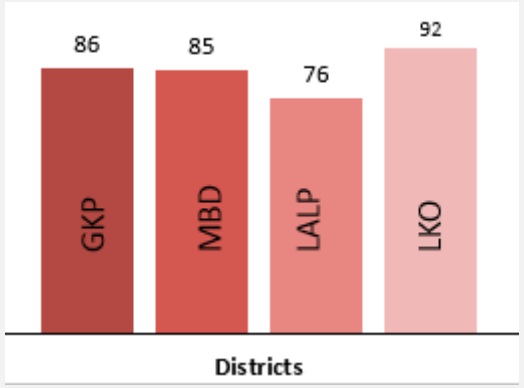
TRUST FOR VACCINE & PUBLIC HEALTH SERVICES

Do you think you cannot get COVID after being Vaccinated
Can the Vaccine offer protection
Opinion about quality of medicines provided by the Government
Opinion about quality of vaccines provided by the Government
Prefer to be vaccinated in Government or Private Hospital

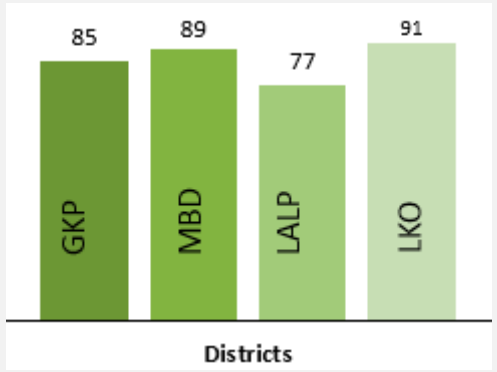
		Do you think you cannot get COVID after being Vaccinated (40%)	Can the Vaccine offer protection (84%)
Caste	SC/ST	29%	74%
	Gen	54%	89%
Religion	Hindu	43%	82%
	Muslim	22%	84%
Age	50-60y	36%	84%
	60-70y	41%	85%
	>70y	51%	82%
Gender	Male	43%	86%
	Female	30%	77%
Income	<10K	35%	75%
	10-20K	32%	94%
	20-40K	61%	88%
	>40K	63%	100%

Perceived Quality of Government Medicines & Vaccine

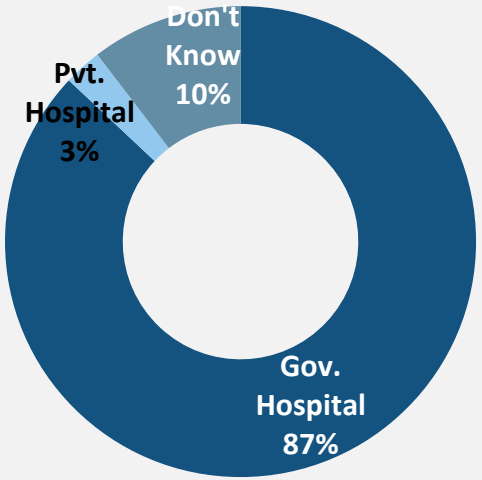
Government Medicine



Government Vaccine



Preference of Facility for COVID Vaccine



Trust for vaccine & public health services

- Respondents opinion about their trust in vaccine and its delivery through public health system was sought

- Majority (about 84%) of the participants reposed trust in vaccine and believed that it could provide protection against COVID. Respondents from advantaged groups (General caste & Higher Income Groups) had higher trust in Vaccine for protecting against COVID compared to respondents from dis-advantaged groups (SC/ST & lower income groups)

- However, not many people seemed confident that Vaccination can fully protect people from COVID. About 40% respondents believed that they cannot get COVID after vaccination. Male respondents (43%),respondents from General caste (54%) and from higher income groups (63%) had more trust in immunity inducing property of vaccine than their counterparts from SC/ST, female and lower income groups.

Trust for vaccine & public health services

- Respondents had Good perception about government's medicine and vaccine. About 84% respondents perceive medicine dispensed by Government to be of Good Quality; while the Vaccine quality was perceived as 'Good Quality' by 86% respondents

- About 87% of the respondents preferred Government Hospitals for COVID vaccination. Only 3% respondents showed faith in private hospital for vaccination.

- Qualitative Interviews with different population segment showed, people trusted the government facility because
    - Government services has accountability and would take responsibility incase of any side effects while private hospital would not do so
    - Vaccination Services will be free or will be of low cost (Front line workers & faith leaders)
    - Vaccination program is backed by strong scientific research by Government (Community Leader)

"Government institutions are considered right, because the government is able to provide all kinds of good facilities and quality services. Only those people go to private hospitals, who have more money or lack of time". (ASHA, Lucknow)

- Preference for Private hospitals was due to poor experience in government health facility; high waiting time and less attention to their problems.

RISK PERCEPTION

COVID is Very Infectious

Risk of COVID Infection within Next few Months

Fear of Contracting COVID Infection

		COVID is Very Infectious (45%)	Risk of COVID Infection within Next few Months (49%)	Fear of Contracting COVID Infection(51%)
Caste	SC/ST	35%	36%	38.5%
	Gen	52%	61%	63%
Religion	Hindu	45.9%	47%	60%
	Muslim	40.4%	57.7%	56%
Age	50-60y	44.7%	50%	53%
	60-70y	45.6%	48%	49%
	>70y	44.6%	48%	50%
Gender	Male	44.5%	50.5%	51.3%
	Female	46.8%	42.2%	52%
Income	<10K	40.5%	45.8%	43%
	10-20K	41.7%	64.3%	63%
	20-40K	50.6%	64%	58%
	>40K	63%	74%	59%

Results of COVID Risk perception shows

- 45% believe that COVID is vey infectious
- 49% believe of High-Medium risk of contracting COVID in next few months
- 51% are fearful of contracting COVID

Risk perception is not uniform and varies across population characteristics

- Caste Group (Gen vs SC/ST)
- Income Group (<10K Vs >40K)

VACCINE HESITANCY

Do you think Vaccine will be Safe

Accept the Vaccine if Asked to Take

Willing to take Vaccine first rather wait for others to take first

Willing to take Second dose after first Dose

		Accept the Vaccine if Asked to Take (81%)	Do you think Vaccine will be Safe (52%)	Willing to take Vaccine first rather wait for others to take first(59%)	Willing to take second dose after first (65%)
Caste	SC/ST	73%	37%	51%	47%
	Gen	88%	68%	67%	79%
Religion	Hindu	82%	41%	60%	65%
	Muslim	79%	54%	56%	67%
Age	50-60y	81%	48%	58%	64%
	60-70y	82%	55%	61%	67%
	>70y	78%	58%	60%	64%
Gender	Male	82%	53%	61%	68%
	Female	77%	47%	54%	57%
Income	<10K	74%	40%	54%	59%
	10-20K	87.5%	49%	63%	73%
	20-40K	90%	72%	65%	82%
	>40K	92.6%	70%	81%	83%

Vaccine Hesitancy

- People have mixed concerns towards the COVID-19 vaccine, some are eagerly waiting, some are neutral and some are resistant
  - Willing to take vaccine if offered : 81%
  - Willing to take Vaccine first rather wait for others to take first: 59%
  - Willing to take second dose after first: 65%
  - Think Vaccine is safe: 52%

- Significant differences were identified for Vaccine hesitancy based on the population characteristics
  - Adult members from General category were more favorable & optimistic than members from SC/ST category; Will take vaccine (88% vs 73%); will take first (67% vs 51%); will take second dose (79% vs 47%); Vaccine is safe (68% vs 37%)
  - Likewise, adult members from High Income category are more favorable than members from Low Income category; Will take vaccine (93% vs 74%); will take first (81%% vs 54%); will take second dose (85% vs 54%); Vaccine is safe (70% vs 40%)
  - High degree of variability was seen across Age group for Vaccine safety (58% vs 48%)

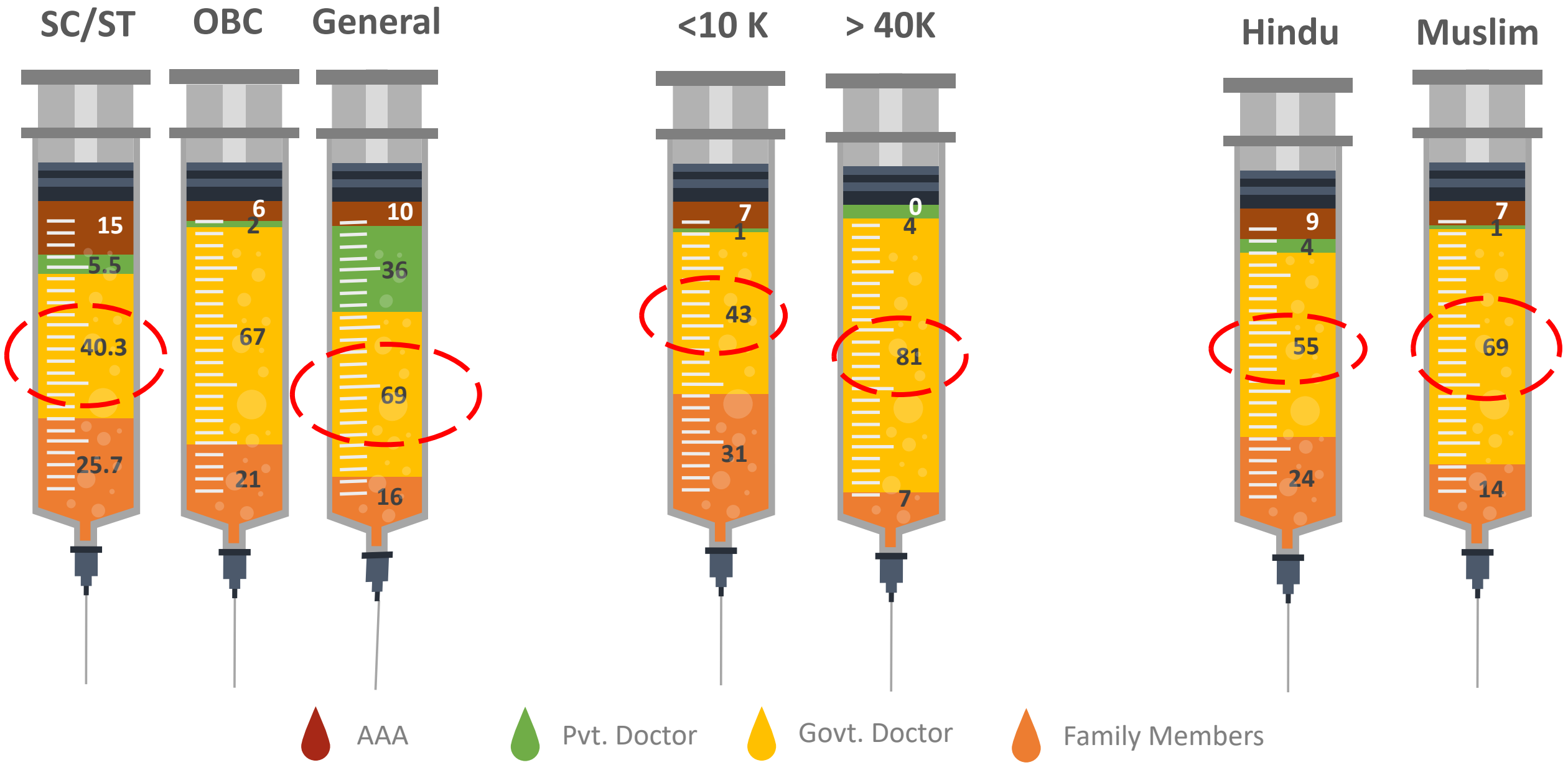
Vaccine Hesitancy (WHY?)

- Fast development time of vaccine hence hesitant (Local Healer, Lalitpur)
- Fear of side effects like fever as observed in previous vaccination. This has affected people's thinking (ANM)
- Due to social and political affiliation/leaning; Pro Government—Less hesitant (Community Leader, Gorakhpur)
- Adverse events reported by Newspapers & T.V (Moradababd)
- Rumor of vaccine made from Alcohol & Pig fat (Moradabad)
- Absence of detail information about vaccine's including potential side-effects (loss of memory and heart attack cited) have made us unsure
- Doubtful/ Not trustful as no big leaders, including PM/ministers have taken shots (Urban Moradabad & Lucknow)
- Vaccine could be fatal for people with co-morbidity and pregnant women. Lack of disclosure of details, people are fearful of adverse effects that might happen

SOURCE OF INFORMATION FOR THE VACCINE & TRUSTFUL INFORMATION SOURCES FOR VACCINE

Information Source for Vaccine		T.V 	News Paper 	Friends/Relatives 	Health Workers 	Mobile Phone 
Caste	SC/ST	70%	53%	35%	29%	6%
	Gen	88%	67%	43%	28%	7%
Religion	Hindu	81%	61%	38	30%	5%
	Muslim	67%	51%	51	29%	12%
Age	50-60y	78%	57%	42%	28%	7.6%
	60-70y	81%	62%	35.8%	36%	4.5%
	>70y	78%	63%	32%	30%	2%
Gender	Male	82%	65%	37%	27%	7.5%
	Female	73%	39%	48%	38%	4%
Income	<10K	75%	52%	40%	29%	8%
	10-20K	79%	65%	42%	37%	4%
	20-40K	92%	79%	37%	29%	4%
	>40K	95%	80%	41%	15%	2%

Individual you Trust for Information on the Vaccine By Caste/Income/Religion Groups



Source of Information

- T.V, Newspaper, friends/Relatives, Health workers & Mobile phones emerged as information source for COVID

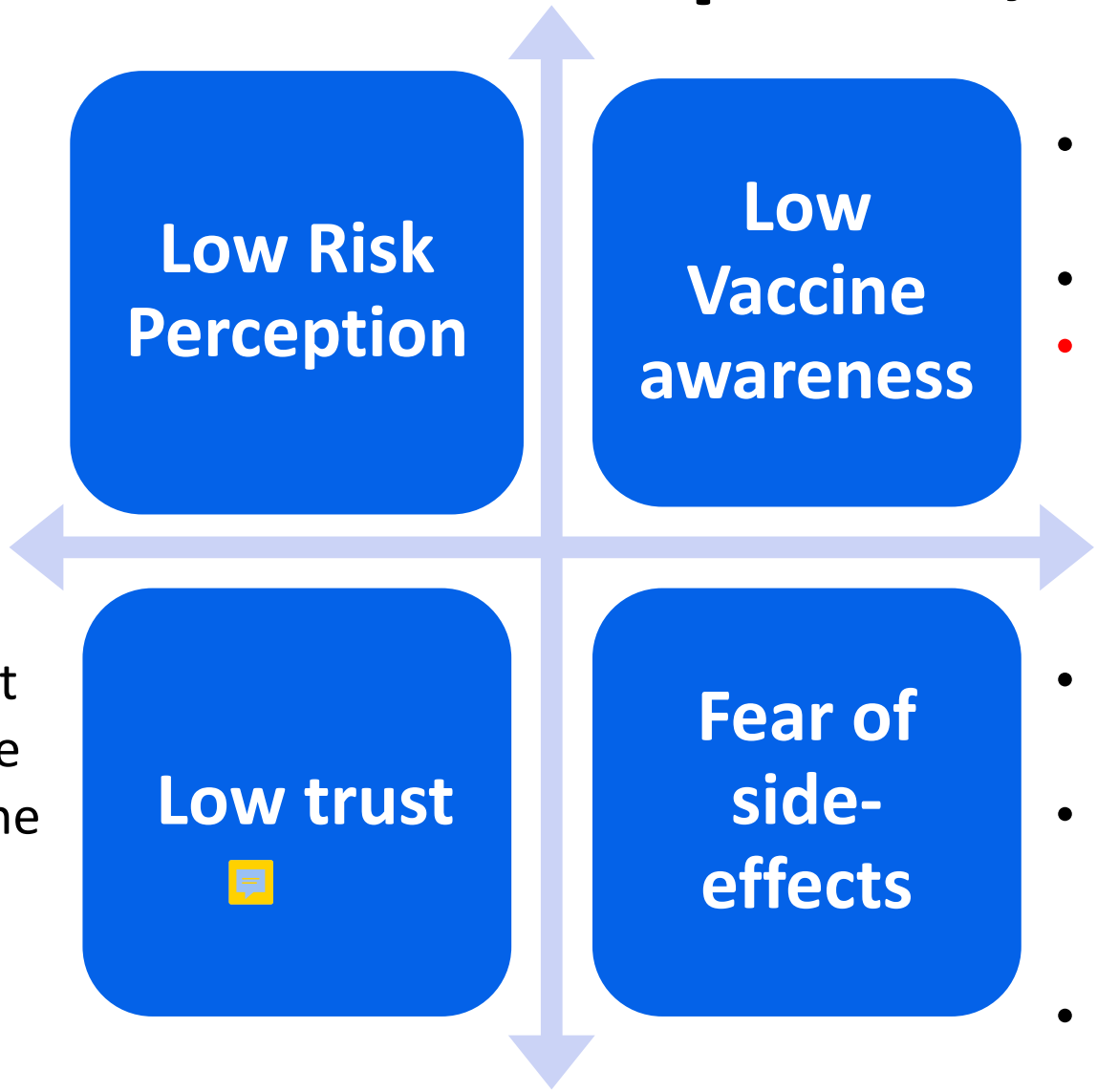
- Disparities in source of information was observed for different population characteristics- caste, Gender, religion and income groups

- Govt. doctor are the most trusted and preferred source of information. Endorsement, testimonial and their face-to-face meeting in community will act positively for vaccine acceptance

- Women lack agency and would seek men’s involvement in their vaccination decision (As captured in qualitative findings).

Bottlenecks: Vaccine acceptance, Hesitancy

- No/Less cases in known community
- Absence of symptoms
- Not fearing like before
- Not following CAB (Mask, HWWS, social distancing, sanitizer)



- Poor knowledge of dose and scheduling
- Lack confidence in efficacy
- Likely drop in second dose

- Politicians/celebrity not visible receiving vaccine
- Misconceptions- Vaccine contains unreligious virtues
- Unknown fear in community

- Previous vaccination experience
- Not aware of contraindications (in particular Co-morbid cases)
- Adverse media reporting

RECOMMENDATIONS FROM THE FIELD- THREE PRONGED COMMUNICATION STRATEGY

A universal public health campaign to address low risk perception, low vaccine awareness

- TARGET- Target beneficiary, General public, reaching under-privileged (Not leaving anyone behind)
- Nee a broad-based mass awareness public health campaign (Jan Andolan) through- TV, radio, community radio, digital, special drive to reach underserved community including women through SHGs

A targeted community engagement drive to overcome low trust & vaccine hesitancy/resistance

- TARGET- Beneficiaries, family heads/members, influencers having negative perceptions
- Need an intensive community engagement drive (including interpersonal contact, influencer engagement, peer group interactions etc)

Ensure synergy between beneficiary & service provider to promote convenience of vaccination

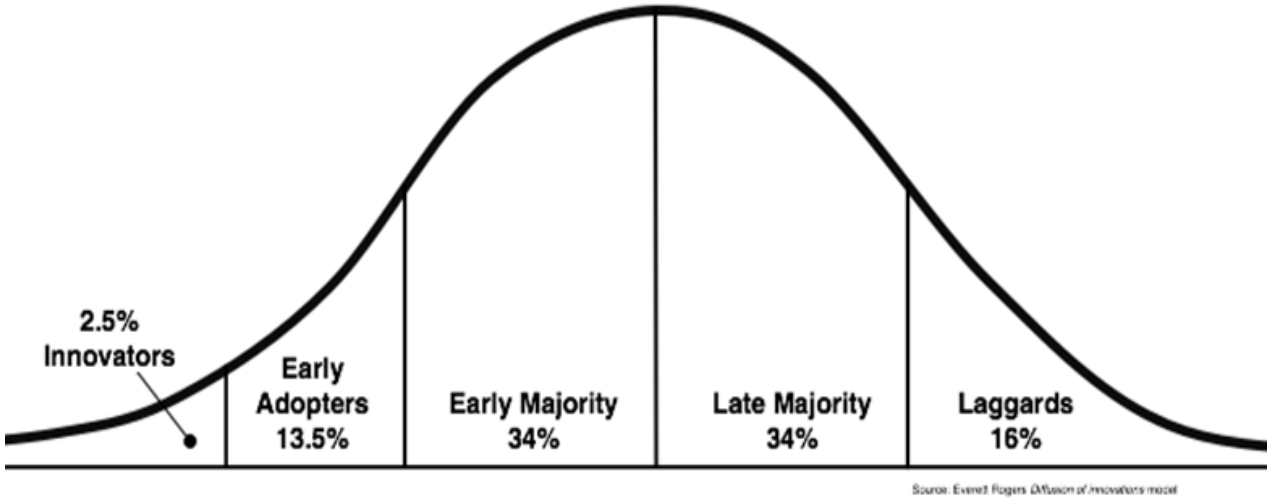
- TARGET- Vaccine beneficiaries, easy & simple registration & vaccination process, reduce waiting time, follow up
- Beneficiary-friendly vaccination site, CAB promotion during vaccination

Key enablers

- Potential early adopters- Better off people in socio-economic criteria
- High trust in government doctors, facilities
- Reliability on TV, Newspaper as mass media
- Influence of frontline health workers (who have been vaccinated)
- Influence of community leaders
  - Community influencers, who have been vaccinated and **have trust in the health system**
- Vaccine is not available at private centers and the fact that it is free of cost

Communication theory best suited

1. Theory of diffusion- Since the first stage of early adopters (HWs, FLFs) already exist and we need to apply this model to create ‘pool of supporters’ in each community.

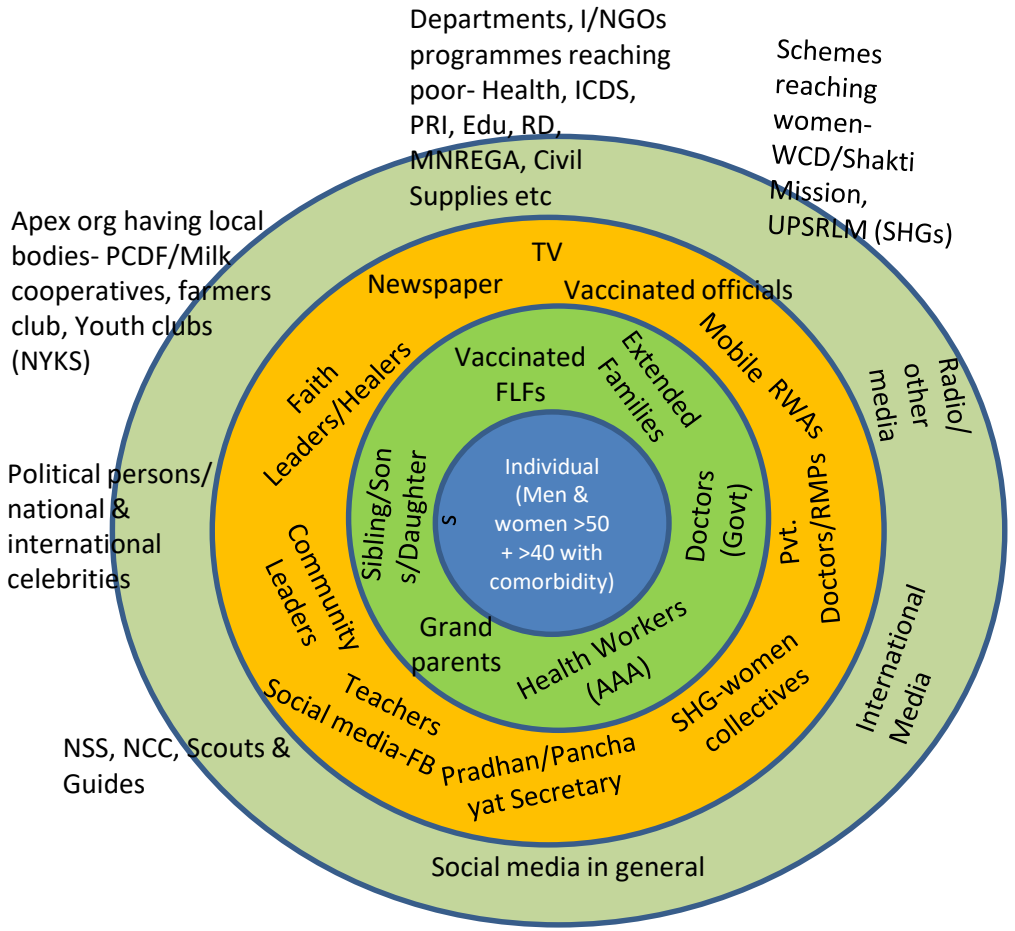


Vaccinated Health Workers and other FLFs to be Example- Let beneficiaries immerse and feel your ‘safe and convenient’ experience of vaccination, Cite benefits that anyone can relate to (Able to control risk within family, Ease in normal mobility, Able to deliver duty etc)

Transmedia (across different media forms) materials will use **emotional glue** through branding (ASHA visual mnemonic, tagline) - **I have taken 2 doses of Covid for full protection! Now it’s your turn!** Or **Maine Covid Ke Do Teeke Lagwaye Aur Poori Suraksha Payi, Ab Aapka MAUKA Hai!**

Plus…

2. Orbit of influence- Giving priority to most critical influencers will go a long way in creating 'trust and vaccine confidence'. A mapping has been worked out on basis of formative.



- **Create pool of supporters at small neighbourhood level (mohalla, RWAs, urban ward etc)-**

AAA, Govt. doctors, other FLFs (who have been vaccinated) will hold interpersonal and small group sessions in community (mohalla khuli baithak). Men, youth, Pradhan/panchayat secretary, teachers, community influencers, faith leaders/healers will be key targets. **Special soft skills training (with aid) will be developed for AAA.**

Branding

MAIN BRANDING

- Use of ASHA Mascot
- Tagline- We already have a visual mnemonic and tagline (see on right) used in vaccination campaign. However, there is need of an additional unit mostly for ground level beneficiary and influencer engagement activities. This will be in line with promoting all HWs, FLFs as ambassadors of covid vaccination.
- The suggested ASHA mascot with tagline: **I have taken 2 doses of Covid for full protection! Now it's your turn!** In Hindi- **Maine Covid Ke Do Teeke Lagwaye Aur Poori Suraksha Payi, Ab Aapka MAUKA Hai!**)
- Application across different media platforms- like
  - AAA training kit
  - AAA merchandise for contact drive- Badge etc.
  - Mass media (Press Ad, TV, radio, community radio)
  - Social media
  - Mid media- wall painting, Banner, Rally/ meeting materials
  - Vaccine confidence-building messages with mascot at service delivery points including PDS, VHND, health facility and LED Screens in materials (audio, print, video) targeted at adult men & women – can be used in

COMPLEMENTARY VISUAL ICONS IN CAMPAIGN

- For school-going young children and youth the popular branding like Meena, Tara, Super villain will integrate selected vaccine awareness and confidence messages.
  - Tara mobisodes ('Hello Doctor series') can be created for awareness on vaccine and for allaying simple misconceptions
  - Meena and Super villain series are already there for school reopening.

Key Messages

Inform, educate, communicate: raise threat perception, acceptance of vaccine

Explain why getting vaccination is the ONLY full-proof measure;

Places without covid cases until now- can only be covid-free in future if vaccination succeeds;

Covid can happen to **anybody** regardless of gender, caste, creed, so 'protect' everyone

Symptoms include fever, loss of smell, taste, fatigue, sore throat

Use of mask can prevent airborne virus transmission
Wearing mask is a sign that you are responsible citizen

Hand hygiene, respiratory hygiene

Avoid touching frequently touched surfaces

Non-adherence to CAB and spreading rumours would invite strict measures

Staying in quarantine/isolation means you are a responsible citizen

It is good to enhance personal immunity, but vaccination is the only guarantee against virus;

Vaccine is safe, developed after following all protocols
Vaccine is effective and will lead to complete protection only if 2 doses are taken

Cite benefits beyond health, like- Able to control risk within family, Ease in normal mobility, Able to deliver duty etc

Community Engagement

(address low trust & vaccine hesitancy/resistance)

Clear listing of the potential side-effects, actions to be taken and contraindications from Government hospital advisory

Small side-effects are common in every vaccine-one should not be scared
Counseling by vaccinator- Do's and Don'ts after getting each shot of vaccine
Addressing the myths in the community
Awareness related to specific co-morbidity- which people should avoid/contraindicated and why
Enlisting the content of the vials of the vaccine to squash all the rumors

Media influencers- vaccine safety

Make vaccination

beneficiary-friendly and convenient

Easy enlisting of the steps of vaccine registration

Additional reminder to the beneficiaries about the date, time and place of vaccination

Following COVID-19 protocol at the vaccination site

Sensitization about AEFI to the beneficiaries

Telephonic reminder/Centralized reminder of the doses

Soft skill orientation of the health staff

Negative consequences if they miss the vaccination

Communication interventions

A suggestive mix of interventions will include:

- **Public health campaign**: for raising awareness on COVID-19, vaccine and vaccination especially with focus on women and low income & socially marginalized groups
- **Targeted beneficiary campaign**: for creating convenience and safe experience for the beneficiaries
- **Capacity development** in AWA and other stakeholders: for their increased role in **Interpersonal communication** as credible source of information
- **Community engagement** & social mobilization for addressing vaccine hesitancy
- **AEFI management**
- **Media engagement**

Public health campaign: for raising awareness on COVID-19, vaccine and vaccination especially with focus on women and low income & socially marginalized groups

- Use Uniform branding (ASHA mascot with tagline: **Maine Covid Ke Do Teeke Lagwaye Aur Poori Suraksha Payi, Ab Aapka MAUKA Hai!**)
- TV/Radio PSA, Press Ad: Vaccination registration, schedules, AEFI & its management, evoking responsible citizen sentiments
- Radio (FM & Community)- Vox Pop (interviews, quizzes and human interest features), radio drama, songs including local language
- Press stories- Interview series with popular doctors from all communities & their testimonial after vaccination- including language media
- Social Media posts: hashtags, community leader testimonial videos, appeals, COVID Vijeta posts
- Wall painting with NHM ASHA mascot: PDS points, hospitals, Community Toilets, Water collection points, Mohalla boards, markets etc
- Influencers, govt doctors – advocacy on local media
- School package: including Quiz, short drama (Nukkad Natak) using Meena, TARA characters for different age groups
- Community meetings
- Integration of key messages in other public health, nutrition, gender and sanitation campaigns (Women's Day, PAJA, GHD etc)

Targeted beneficiary campaign: for creating convenience and safe experience for the beneficiaries

- Use TV, local newspapers (all languages), Radio, Social Media- content on vaccination registration, schedules, AEFI & its management, evoking responsible citizen feeling
- Training to include registration process and soft skills: health facility staff, AAA, Pradhan/Ward Members, Doctors, SHGs, Youth volunteers, school teachers
- Vaccination site with CAB re-inforcing materials- Sanitizer, Banner, Selfie point, Posters including protocol of vaccination for people with co-morbidity; Selfie/video after or during vaccination shot by influencers. Appropriate booth placards in Hindi like- "I took COVID-safety shot, did you??“ “100% vaccination- 100% safety from Covid”
- Leverage AAA/ FLWs, Community and faith leaders, Vaccine peer group- Motivating the beneficiaries to register for the vaccination
- Digital pledge voice/SMS to community leaders, faith/social influencers- as pre-commitment for vaccination of self and beneficiaries under influence
- SHGs, farmers group, PDS shop-owner and other CBOs- Use vaccination testimonial videos (local and specific as possible) that inform people that most others are complying with vaccination behavior (social norms)
- Simple short mobile messages for beneficiaries through local religious and political influencers
- IPC calls on mobiles to beneficiaries by SHGs, FLWs, Teachers, Covid Vijeta (standard message kit will be given to callers)– efficacy of vaccine, dosage, continued adherence of CAB.
- Miking audios (Hindi and 4-5 major local languages)

Capacity development in AAA and other stakeholders: for their increased role in Interpersonal communication as credible source of information

- Training of AAA (Online &offline) on IPC and engaging with beneficiaries during key days such as VHNDs. Use of IPC [HH visit & mobile calling (Hello Didi model)]
- Soft skills orientation of government health facility staff
- Orientation of Pradhans/Ward Members on key measures for making village/mohalla COVID free
- Stakeholder consultations and orientations - monitoring for missing beneficiaries, identification and counselling of those spreading misinformation, key message dissemination using established routes, including SMC, VHSNC, Mothers' groups, SHG
- AEFI spokesperson training, Editors meet, RJ sensitization

- Short mobile capsule-based training messages for FLW and urban functionaries
  - SMS
  - WhatsApp messages (graphic, video)
- The DHEOs, HEOs, DCPM and BCPM will be trained to effectively implement the digital capsules.

Community engagement & social mobilization for addressing vaccine hesitancy

- **AAA micro-plan to include- A**t least 2 IPC contact with beneficiary
  (1 before first dose and second in between two doses); Specific discussions on vaccine confidence during VHND day
- **Convergence & planning meeting** of AAA, PRI, Safaikarmi, SHGs, Nigrani Samiti (urban specially), Ration dealers- sharing of list of beneficiaries, potential drop-outs
- **Vaccine safety video** on all social media and TV- Video of 'how vaccine was made' (ingredients)

Pradhan/ Panchayat Secretary-

- Pradhan/PS should have beneficiary list in advance with a mobilization plan; In urban specially- Mohalla micro-plan to be made and Ward members, Nigrani Samiti members to be assigned targets
- Advocacy video/audio pack for the community leaders (message from RD Minister)
- Contact with beneficiaries of housing/other schemes (prior to vaccination launch)
- Vaccination launch with community leaders representing all socio-economic groups
- Appreciation/reward for early 5 beneficiaries on vaccination day
- Community/faith leaders to video shoot their vaccination and circulate in their following

Other organizations-

- SHGs/Mohalla Samitis/Nigrani Samitis hold community meetings, SHG- at least 1 dedicated meeting; reward/incentivization for SHG member/beneficiaries completing 2 doses; Ward members/Nigrani Samiti same activity (in urban)
- SHGs and other CBOs may form "Vaccine Peer Group" for motivating their SHG members and neighbors
- Appeal issued by prominent faith-based scholars
- Appeal at temple/mosque on prominent days-(festival/ jumma)
- Engagement by each community influencer to persuade at least 5 beneficiaries- pre/between/post receipt of two doses
- Appeal from association of doctors, allumni (Jamia Humdard, AMU)
- Youth networks such as NSS, NCC and BSG mobilize through IPC and COVID Vaccine Star Awards to community champions

- **Media Sensitization** – reporting of adverse events, champion stories

Communication package for suggested activities

Communication Activities	Public health campaign	Targeted beneficiary campaign	Capacity development	Community engagement & social mobilization	AEFI management	Media engagement
Communication Packages	• TV PSA, programmes (explaining registration process, Information on the vaccination site) • Radio (FM & Community)- AS TV + Vox Pop • Press Ad (popular doctors from all communities getting vaccinated)- including language media • Wall painting at strategic locations (at least 1 per ASHA) • Hoarding at Health centers • Miking, Mosque/temple miking • Quiz questions • Social Media post • Youth (NSS, NYKS, NCC, Scout & Guide) and School package- including Nukkad Natak script	• Vaccination site graphic package: Protocol on vaccination schedules, contraindications, clear information for sensitive categories like co-morbidity, pregnant women • IPC flyer for AAA (focus on motivation for registration, client counseling for completing 2 doses) • Digital material: including GIF (ASHA mascot) • IPC calls / messages through ASHA, SHG, local religious and social influencers • Lists of beneficiaries, Village and Mohalla Micro-plans and Monitoring template for drop-outs	• Graphic FAQ (COVID myths, facts, vaccine composition, dosage, contraindications) • Short mobile capsule-based training messages (using the tested GATHER principles of client counseling) • Digital material: GIF /digital flyer (All above will be packaged as training kit- tailored for AAA, Pradhan, SHG)	• Info flyer for Pradhan/ Panchayat Secretary/Ward member/Nigrani Samiti • SHG meeting flyer • Appeal at temple/mosque on prominent days-(festival/ jumma) • Appeal from association of doctors, allumni (Jamia Humdard, AMU) • Local artforms (Rangoli) songs, jingles, quiz by SHG members and youth (Competition with rewards may be thought of) **Info kiosk-cum-Selfie points in** • **Rural areas at** health centers, At Govt Rashan Centers, school etc • **Urban areas** like Hospitals, Gym, joggers parks, malls, bank, bus stops , railway stations and vegetable cooperative, Mandis etc	• Digital material: GIF /digital flyer . • Advocacy videos (e.g association of doctors, allumni (Jamia Humdard, AMU).	1. Social Media Kit 2. Press Media Kit