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LEARNING AND EXPERIENCE SHARING MEETING REPORT

Improving COVID-19 vaccine coverage
through demand generation from the
most vulnerable communities

June 27, 2023, Bengaluru, Karnataka, India

Learning and Experience Sharing Meeting Report

**Improving COVID-19 vaccine coverage
through demand generation from the
most vulnerable communities**

June 27, 2023, Bengaluru, Karnataka, India

@ KHPT 2023

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ABBREVIATIONS

ASHA	-	Accredited Social Health Activist
ANM	-	Auxiliary Nursing Midwifery
AWW	-	Anganwadi Workers
BCC	-	Behavior Change Communication
CBO	-	Community Based Organization
COVID 19	-	Coronavirus Disease 2019
DC	-	District Commissioner
DHO	-	District Health Officer
GOK	-	Government of Karnataka
GOI	-	Government of India
GPAAA	-	Grama Panchayath Arogya Amrutha Abhiyaana
GP	-	Gram Panchayat
GPTF	-	Gram Panchayat Task Force
HRA	-	High Risk Area
IAS	-	Indian Administrative Service
IEC	-	Information Education and Communication
JSIPL	-	John Snow India Private Ltd
KHPT	-	Karnataka Health Promotion Trust
MAS	-	Mahila Arogya Samithi
MCP	-	Mother and Child Protection
MGNREGA	-	Mahatma Gandhi National Rural Employment Guarantee Act
MO	-	Medical Officer
MR1	-	Measles Rubella 1
MR2	-	Measles Rubella 2
M-RITE	-	MOMENTUM Routine Immunization Transformation and Equity
NGO	-	Non-Government Organization
NHM	-	National Health Mission
PHC	-	Primary Health Centre
RCHO	-	Reproductive Child Health Officer
RI	-	Routine Immunization
SHG	-	Self-Help Group
TC	-	Taluka Coordinator
TCI	-	Transport Corporation of India
USAID	-	United States Agency for International Development
WHO	-	World Health Organization

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01 | SUMMARY

The Indian government imposed a 21-day nationwide lockdown on March 24, 2020, to prevent the spread of COVID-19, restricting the movement of the entire population of approximately 1.38 billion people, the lockdown has adversely affected people's lives, particularly the marginalized sections of the population, resulting in the loss of livelihoods, food shortages, and disruptions in access to health services and education^{1,6}. Since 2021, KHPT has been using its grassroots connections and strong field teams in the field to build the capacity of Gram Panchayats (GP) for health management, to provide home isolation kits for people infected with COVID-19, tele-counseling services for COVID-19 infected and affected people, and to develop Information, Education, and communication (IEC) materials for local authorities and vulnerable populations. KHPT partnered with the Government of Karnataka to integrate ongoing initiatives with the vaccination program, distributing Health Management kits and offering COVID-19-related services across 14 districts. KHPT realized the need to reach out to vulnerable populations, including tribes, miners, migrant workers, and other communities such as Female Sex Workers and Transgender persons to ensure that their myths and misinformation regarding COVID-19 vaccination were addressed and that vaccination uptake was increased.

KHPT received a grant from the John Snow India (JSI) Research and Training Institute funded by the USAID MOMENTUM Routine Immunization Transformation and Equity (M-RITE) project to increase demand for and uptake of COVID-19 immunizations. The eight-month project was implemented in 14 districts (Bagalkote, Belagavi, Bellary/Vijayanagar, Chamarajanagar, Chitradurga, Davanagere, Gadag, Kalaburagi, Koppal, Mandya, Raichuru, Shivamogga, Vijayapura, and Yadagiri) in Karnataka, particularly among vulnerable and marginalized populations, with total coverage of 2.2 crore people.

The project aimed to raise awareness about the COVID-19 vaccination among vulnerable populations and mobilize people for vaccination through home visits, to assist community to reach camps, and register for vaccination, as well as post-vaccination follow-up. Community structures were also involved, and effective IEC campaigns were conducted to promote the uptake of vaccination. In August 2022, two more districts were added, namely Chitradurga and Shivamogga, with an additional target coverage of 2,96,290 people. In the second phase, strategies were developed to increase immunization coverage through demand creation and to address vaccination hesitation through interpersonal communication and media and mass media activities.

The project was implemented in collaboration with the Health Department and mobilized vulnerable populations for COVID-19 vaccination. Key highlights of the project were vaccinating vulnerable populations with high levels of vaccine refusal and addressing cultural barriers, myths, and superstitions related to COVID-19 and vaccination.

KHPT developed and implemented many strategies such as interpersonal communication, mid-media (such as community cinema, folk shows, and street plays) to create demand and overcome hesitation and resistance to vaccination through innovative solutions and partnerships with non-government organizations (NGOs) and the private sector. Patient enrolment support, last-mile supply chain support, and patient flow support at immunization sites was provided, and closing last-mile delivery gaps (e.g., mobile vans, transportation, etc.) and monitoring and evaluation/assessment were also done.

One of the recommendations from JSI M-RITE was to share experiences and lessons learned. KHPT organized a meeting to bring together stakeholders, government officials, and KHPT staff who have been trained and/or are implementing the strategy to share experiences. The purpose of the meeting was to facilitate meaningful dialogue, gather diverse perspectives, and document key lessons and challenges. This report presents the discussions of this meeting held with staff from 14



districts, Reproductive and Child Health Officers (RCHOs), and JSIPL representatives. The in-person meeting was conducted, with individual reflections and contributions, as well as an open discussion with guiding questions and a question-and-answer session. The resulting document serves as a valuable resource, capturing the insights and outcomes of the meeting for future reference and decision-making.

The outcome of the learning and experience-sharing meeting highlighted the most important strategies for successful vaccination. These

included collaborative approaches involving government, community, and religious leaders to build trust and ensure equitable access to vaccines, mapping marginalized populations for targeted interventions, and partnerships on service delivery to enhance coverage. Local NGOs and CBOs played key roles in advocacy and reaching remote communities, and partnering with Gram Panchayats bolstered local governance. Finally, effective communication strategies, such as tailored messaging and leveraging special events, drove behavior change and facilitated mass outreach in vaccination campaigns.



02 | Background

During the initial period of the COVID-19 pandemic, India was one of the hardest-hit countries in the world². As of August 2021, more than 30 million Indians had been infected with COVID-19 and nearly half a million had succumbed to the disease^{2,3}. India started its national vaccination program on January 16, 2021⁴. Despite this, the vaccine rollout in India was hit by several challenges, including misinformation and rumors, vaccine hesitancy, and problems with registration for vaccination and appointment scheduling.

The Economic Survey 2022-23 reports that India's National COVID-19 Vaccination Program helped administer more than 220 crore doses of the COVID-19 vaccine across the country, as of January 6, 2023. The report stated that around 97 percent of eligible beneficiaries had already received at least one dose of the COVID-19 vaccine. Around 90 percent had received both doses. Vaccination for the age group of 12-14 years was initiated on March 16, 2022, followed by the administration of the precautionary dose for the age group of 18-59 years on April 10, 2022.

The second wave of the COVID-19 pandemic began on March 13, 2021, and hit India hard³. According to Hindustan Times, Karnataka was managing 40,000 new cases daily, with over 517 deaths per day, stretching the capacities of the healthcare system and its infrastructure. To prevent the situation from repeating itself, the state prioritized the vaccination of all eligible persons in alignment with the national guidelines. Ensuring equitable vaccination was key to the COVID-19 prevention response, as the pandemic had disproportionately affected the poor and vulnerable.

Vaccine coverage in the state was uneven, with the underdeveloped northern districts lagging behind. Health department officials understood that targeting these districts and the populations would require novel strategies and micro-planning, to address their reluctance. As noted by a key official of the Health Department in Karnataka, while the proportion of the willing and eligible population in Karnataka had already been vaccinated, the challenge concerned those who did not view the vaccine favorably⁵. Addressing the need for

behavior change, creating awareness about infection management, and specifically addressing vaccine-related concerns of different vulnerable groups to accelerate the uptake of the COVID-19 vaccination was, therefore, a key objective of the M-RITE project

About M-RITE

In December 2021, a grant was awarded by the JSI Research and Training Institute, funded by USAID's MOMENTUM Routine Immunization Transformation and Equity (M-RITE) initiative. M-RITE aimed to strengthen routine immunization programmes 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 provided technical support for COVID-19 vaccination and supports countries to mitigate the consequences of the pandemic on immunization services.

In India, the project provides technical assistance to the Ministry of Health and Family Welfare, for COVID-19 vaccination roll-out across 298 districts of 18 states/Union Territories with support from 26 local organizations. It supported national and state-level efforts to strengthen the supply chain and vaccine planning for last-mile delivery, especially to the vulnerable population most at risk of contracting COVID-19, and combat misinformation.

KHPT's approach to improving COVID-19 vaccination uptake

KHPT partnered with the M-RITE project to ramp up COVID-19 vaccination among vulnerable and marginalized groups of the state. The vaccination project was implemented in collaboration with the Health Department, and the Department of Rural Development and Panchayat Raj, with the aim of sensitizing vulnerable populations about vaccination in the intervention districts.

KHPT has been leveraging its strong grassroots connect and technical expertise to support COVID-19 response, relief efforts on the ground since April 2020 and helped facilitate a response that brought together our skilled program staff, frontline health workers, their extensive networks in the community, and support from donors and partners to mobilize resources and support for vulnerable communities. Since 2020, KHPT has been actively supporting the Government of Karnataka in the management of COVID-19 through the development of IEC materials, support for data analysis of COVID-19 numbers and trends at state, national, and global levels, and documentation of best practices and processes relating to disease surveillance, health systems strengthening, capacity building, mental health initiatives, communications and outreach, and counseling services.

Our active involvement in fighting the COVID-19 pandemic in the state and responses on the ground helped us identify the barriers to achieving full vaccination of eligible populations, particularly in the rural, tribal, and underdeveloped parts of the states.

The project was structured in three phases:

- ♦ **Phase 1:** Improving vaccination uptake through intensive targeted communications approaches from December 2021 to July 2022
- ♦ **Phase 2:** Taking a differentiated approach to vaccination uptake from August 2022 to January 2023
- ♦ **Phase 3:** Expanding to routine immunization initiatives from February 2023 to June 2023

Our approach to increasing vaccine uptake involved interventions tailored for specific vulnerable communities to address vaccine hesitancy, raising awareness on the benefits of vaccination and eligibility, strengthening community-facility linkages, engaging local governance leaders, and groups, and capacity building of health workers with a four-pronged strategy in the first two phases.



Individual mobilization
and support for
vaccination



Community
Mobilization



Engagement of Key
stakeholders



Effective IEC
campaigns

In phase three activities aimed to improve the uptake of Routine Immunization and to facilitate vaccination services for vulnerable children in rural and urban areas, who were unvaccinated or partially vaccinated, through increased awareness and engagement with the community. The focus was on vulnerable communities such as migrants, religious minorities, urban slum dwellers and families of temporary settlements. KHPT also supported PHC staff in the districts of Kalaburagi, Yadagiri, Bagalkote, Raichuru, Belagavi, Koppal, Davanagere and Vijayapura through

- ♦ The collection of drop-out and left-out lists by Primary Health Centre (PHC) and follow-up through individual house visits
- ♦ Organizing the camp at PHC and also outreach camps
- ♦ Support of ASHAs by accompanying them to house visits
- ♦ Reminding eligible families of vaccinations for their children before and during the Immunization
- ♦ Supporting PHC staff to fill in the information on the MCP card
- ♦ Facilitating crowd control during the vaccination sites

Through these endeavors, KHPT not only strengthened the healthcare infrastructure but has also improved the vaccination status of the most vulnerable segments of society, fostering a healthier, more resilient future for the state.

Impact



Vaccination
camps supported
43,120



People
vaccinated
13,22,848

The above figures are a summation of 14 districts in Karnataka from September 2021 to March 31, 2023.

Proceedings of the Learning and Experience-Sharing Meeting

The learning and experience-sharing meeting was held on June 27, 2023, in Bengaluru, Karnataka to facilitate discussions and share experiences related to activities conducted through the M-RITE project. The meeting focused specifically on how the project reached the most vulnerable communities, which are often hindered from accessing vaccines, disseminating the learnings, and adopting strategies for the routine immunization project.

The workshop brought together over 150 participants, including representatives from the Health Department, Stakeholders from JSI M-RITE, State and District KHPT team, Community Leaders, and Community Volunteers. The M-RITE Project brief and case stories compendium were launched at the workshop. The gallery walk showcased the M-RITE project's different interventions, along with impact and best practices.

The workshop objectives were:

- ♦ To understand the Government of Karnataka perspective in contributing to the state's COVID-19 vaccination through M-RITE project intervention and key learnings
- ♦ To share experiences and lessons learned from activities targeting vulnerable communities.
- ♦ To discuss challenges and opportunities in improving vaccine coverage among vulnerable populations' Routine Immunization
- ♦ To discuss the need for leveraging NGO support in strengthening the Routine Immunization Programme





03 | Sessions

Inaugural Address

The inaugural addresses were delivered by Dr Rajani B N, Deputy Director-Immunization, State Directorate of Health and Family Welfare, Government of Karnataka; Mr Ashok Raisinghani, Director Operations, JSI India; Dr Pradeep Haldar, Senior Immunization Strategic Advisor, JSI India; Dr Deepak KG, State Project Manager, JSIPL, M-RITE; Dr Amit Gambhir, Regional Coordinator, JSIPL; Dr Shobha Anand Reddy, Director- Programme and Strategy, KHPT and Mr Raghavendra T, Project Lead, KHPT.



Dr Shobha Anand Reddy
*Director-Programme and
Strategy, KHPT*

Dr Shobha Anand Reddy, Director-Programme and Strategy, KHPT welcomed all the participants and set the tone for the day by sharing a powerful quote by Mahatma Gandhi, "It is Health that is real Wealth and not pieces of gold and silver". She said many of us are chasing wealth, property, and money, and it is COVID-19 that surprised the entire world and made us realize that health is more important than anything else, because it hit the entire world at one go. In her address, she said that the vaccination program is a very good public-private partnership through which KHPT represents the community, JSI represents the private sector and the Department of Health represents the government sector. The three sectors, Private, Government, and NGOs have come together and taken vaccinations to the doorstep of people. She acknowledged the crucial role played by field staff in representing the community and working towards its progress.

Dr Reddy recalled an image of a nurse administering COVID-19 vaccinations to MGNREGA workers at a site. The image reminds us in volumes about the efforts that have gone into COVID-19 vaccination, she said, and the collaborative spirit that drove the successful implementation of the crucial initiative. She praised the commitment and hard work of healthcare professionals and government officials who worked tirelessly to ensure the vaccination of the community.

Dr Reddy extended a warm welcome to all the dignitaries, inviting to the stage for the lighting of the lamp ceremony, which marked the beginning of the workshop. The community leaders, RCHOs, and volunteer representatives were present as well.

Mr. Raghavendra T, Project Lead, KHPT extended a formal introduction to the guests and dignitaries present and conveyed his gratitude for their presence. He highlighted the significance of their contribution to the workshop and their involvement as evidence of their commitment to promoting development and expected that their presence would inspire and motivate all participants to make the most of this valuable learning opportunity. Their valuable insights and guidance were considered essential in shaping the success of the workshop.

In his inaugural speech, **Mr Ashok Raisinghani**, Director of Operations - NGO Partnerships at JSI India, addressed the gathering and drew attention to the severity of the COVID-19 pandemic that had spread throughout the country. In his speech, he said that a collective response is urgently needed to deal with the devastating effects of the pandemic on communities across India. He also explained the reasons why USAID invested in the COVID-19 Vaccine project. He stressed the importance of solidarity and collaboration among NGOs, government agencies, and other stakeholders to effectively combat the spread of the virus and mitigate its impact on vulnerable populations by increasing vaccination efforts. He appreciated KHPT's involvement of Gram Panchayat in the COVID-19 project and how, through Panchayat, KHPT had provided COVID-19 vaccination awareness to the community, especially focusing on the vaccination for MGNREGA workers. He said the commendable initiative of vaccination for MGNREGA workers has been replicated in other states as well.

Mr Raisinghani said the project successfully covered 18 states within 18 months, with the support of 24 NGO partners. NGOs administered over 15 million vaccine doses through various mechanisms. During the project, JSI gained three significant learnings. Firstly, they recognized the importance of speed in executing vaccination campaigns effectively. Secondly, they appreciated the dedicated efforts of their NGO partners, collaborations which were instrumental in achieving these milestones. He concluded by pointing out that it is crucial to identify the right people for specific tasks, provide with the necessary training, and build a close relationship with district and block leaders to ensure the success of the vaccination initiatives.

“ People are asked how JSI is going to implement the COVID vaccination project in 30-40 days. At that time, my mind crossed only the name KHPT. KHPT started working in 30 days, including finding candidates, training, and assigning tasks after the team helped people reach the immunization site or camp, providing transport for people with disabilities, and mapping. The Department of Health, RDPR, worked with NGO partners to provide immunization services to the unreached communities and utilize the resources. In Karnataka, the project supported 23 districts; with KHPT, JSI worked in 14 districts.

Ashok Raisinghani

Director of Operations NGO Partnerships at JSI India.

”



Mr Ashok Raisinghani

Director of Operations - NGO Partnerships
at JSI India,





Dr Rajani B N

Deputy Director of Immunization for the State Directorate of Health and Family Welfare, Government of Karnataka



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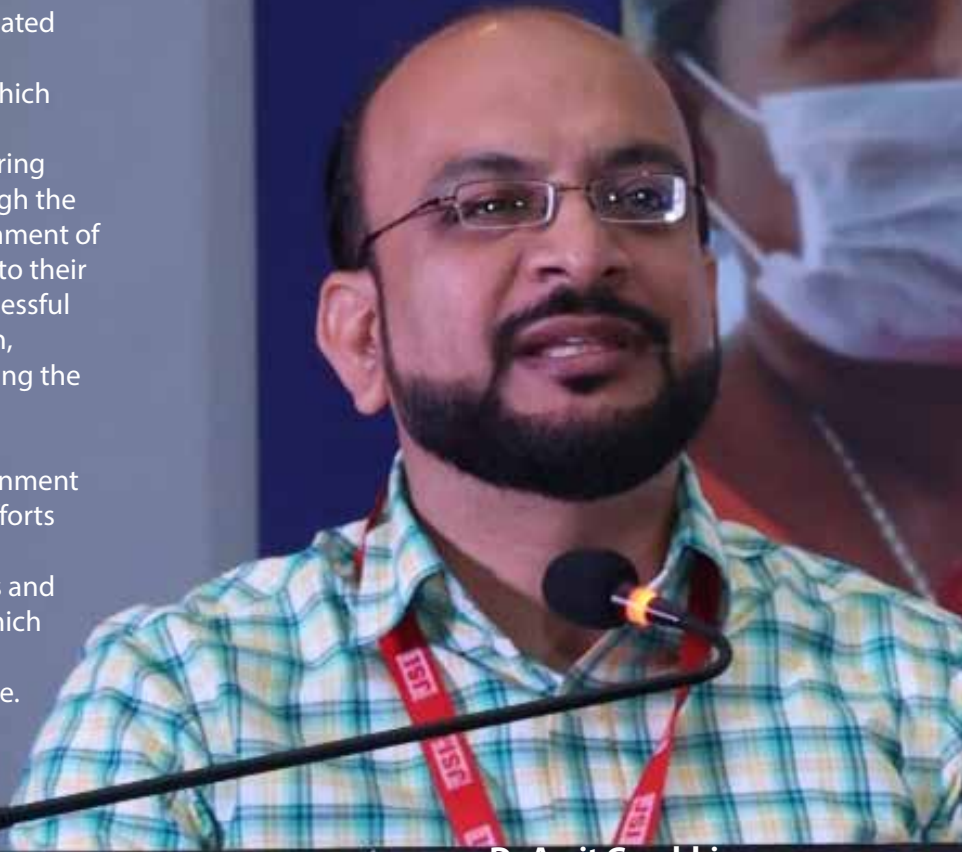


Dr Rajani B N, Deputy Director of Immunization for the State Directorate of Health and Family Welfare, Government of Karnataka, said that identifying vulnerable populations for COVID-19 vaccination and routine immunization is important. She expressed their regard and gratitude to all those who had contributed to the success of the COVID-19 vaccination campaign. She mentioned that Health Department officials were guided by the Government of India's (GoI) vaccination guidelines and that taking these guidelines to the field and reaching out to the vulnerable population had been a challenge for the state because each state had high-priority districts. She further mentioned that, in reaching out to the population, the Government of Karnataka collaborated with JSI, the M-RITE project along with KHPT, Help Age India, and TCI, which helped vaccinate many people.

Dr Rajani B N mentioned that health staff had experienced various challenges while striving to vaccinate vulnerable hard-to-reach communities, including mobilizing the people who have hesitancy in vaccinating, reaching school children or dropouts, etc. She said the Health Department expressed appreciation to field staff for the efforts which helped address these challenges successfully. The knowledge or insights gained from the vaccination project were utilized in the context of routine immunization activities, and the procedures were carefully documented. She said that the experiences gained from facing and overcoming challenges would be valuable in implementing future vaccination initiatives such as Indradhanush, measles, rubella, and HPV vaccination. She said that the state is one of the pilot states for programs and believes that the insights gained from past experiences will be beneficial in guiding their work.

Dr Amit Gambhir, Regional Coordinator, JSIPL conveyed his appreciation to the Government of Karnataka. He appreciated the Government of Karnataka for its unwavering support and guidance, which resulted in an impressive population coverage of 1.7 million individuals during the COVID-19 vaccination drive through the M-RITE project. He likened the Government of Karnataka to an extended family due to their dedicated efforts in ensuring the successful vaccination of such a large population, which played a crucial role in combating the pandemic.

Apart from acknowledging the Government of Karnataka, he recognized KHPT's efforts in reaching remote areas, mobilizing communities, and creating awareness and demand for the COVID-19 vaccine, which undoubtedly played a vital role in the overall success of the vaccination drive.



Dr Amit Gambhir
Regional Coordinator, JSIPL





Dr Pradeep Haldar, Senior Immunization Strategic Advisor, JSI India, discussed the COVID-19 vaccination efforts in India. In April 2020, during the lockdown, clear guidelines were established to ensure unhindered access to vaccinations. The government granted emergency authorization for the COVID-19 vaccine, though supply was limited. He said the monthly vaccine production capacity was initially only 125,000 doses, highlighting the challenge of vaccinating India's vast population. Frontline workers and specific age groups were prioritized for vaccination. Coverage started decreasing, leading to discussions about the "Har Ghar Dastak" Phase One campaign.

Efforts were made to address coverage disparities, with notable success in Karnataka, he said, but there were challenges in Northern Karnataka due to the equity issues of coverage. The team reached 1.7 million beneficiaries across 23 districts, with this Karnataka coverage is almost 90 percent.

Mass awareness and coordination among various departments were crucial and focused on vulnerable and marginalized populations, engaging various stakeholders like the education sector, industries, NGOs, and faith-based organizations. Community networking and tailored plans at the district level were employed to target sub-groups and vaccine-hesitant individuals. He said achieving 75% coverage is feasible, but achieving 90% coverage requires strategies to reach challenging populations.

Dr Haldar mentioned that a slight decline was observed in routine vaccination rates, with a notable drop in the second dose of the COVID-19 vaccine. There is a need to involve the NGOs in advocacy, and the IEC component, as well as engage General Practitioners and form partnerships, he said. He stressed the need to enhance manpower, community engagement, and effective IEC utilization, given India's large annual birth cohort and the challenge of a 6% vaccination decline.



Dr Deepak KG
*State Program Manager,
JSIPL, M-RITE project*

After the Gallery walk and product launch, **Dr Deepak KG**, the State Program Manager, JSIPL, M-RITE project, presented an overview of the M-RITE project implementation in Karnataka, and highlighted the adoption of an approach aimed at reaching the unreached, where priority groups were guided, instead of focusing on the general population. One of the strategies involved supporting the state in mobilization and community engagement through engagement with religious leaders, PRI members, and key opinion leaders. The emphasis was on fostering partnerships, and encouraged the incorporation of multiple partners, including community-based organizations (CBOs). The third approach involved mapping and developing communication strategies specific to the unreached segments. The ultimate objective was to achieve vaccination for 10% to 15% of the population, he said. Throughout the process, speed and scale were stressed, as well as the importance of tailored strategies for each district. He mentioned that the USAID team appreciated KHPT for their best practices. He said it is important to understand the socio-economic profile of the population to effectively reach diverse groups. The approach included assessing field realities, analyzing data, and identifying reasons for vaccine hesitancy. Facility-wise analysis aided in guiding partners and formulating additional strategies with support from RCHOs.

Dr Deepak KG said the reach was achieved through IEC activities, specifically noting that KHPT had continued these efforts with 2600 sessions conducted for Routine immunization. He acknowledged the support of the National Health Mission (NHM) and the effective collaboration of NGOs.



GALLERY WALK AND KNOW



Knowledge Sharing Meeting

coverage demand
vulnerable communities



KNOWLEDGE PRODUCT LAUNCH



A Gallery Walk was arranged to display and highlight project activities; it was inaugurated by Dr Rajani B N, Dr Shobha Anand Reddy and Mr Raghavendra T led the gallery walk-through, which featured a wide array of posters and details of the project background, outreach to vulnerable populations, target demographics, partners involved, methodologies adopted, interventions on Routine Immunization, and best practices.

A knowledge product on the COVID-19 project and a compendium of success stories or case stories collected under the project was launched by Dr Rajani B N and Dr Pradeep Halder. The product documented instances of success or model cases from fieldwork.



Mr Raghavendra T
Project Lead, KHPT

Mr Raghavendra T, Project Lead, KHPT, said that participation in Project M- RITE had been a great opportunity for KHPT, and extensive learning had been achieved through collaboration with JSI and the government to help the vulnerable population.

He highlighted several key experiences and learnings as follows:

- ♦ He mentioned that the door-to-door vaccination awareness program was successful in increasing vaccination rates
- ♦ He discussed the positive experience of engaging with Panchayat Raj Institutions due to their local presence, authority over community health matters, and familiarity with the local context
- ♦ He elaborated on the engagement with local leaders, SHG federations, and various

community structures, which significantly contributed to increased vaccination rates.

- ♦ He explained how engaging with religious minority groups and their associations helped overcome vaccination hesitancy
- ♦ He expressed the importance of having access to vaccine data and regular updates on vaccine distribution from the health department, which greatly aided in micro-planning for effective vaccination campaigns
- ♦ He mentioned that lessons learned from the COVID-19 vaccination efforts were applied to routine immunization, which started in a few districts in February 2023, with positive outcomes

He discussed the role of NGOs in supporting vaccination efforts, particularly in cases where direct vaccination wasn't involved. Initially, the specific role of NGOs was unclear but later resolved through collaboration.



Learn

Imp gene

Family Welfare
of India



Experience

The steps taken included:

- ♦ Collecting lists of individuals who had dropped out of vaccination at PHCs and conducting follow-up visits, sometimes by volunteers alone or in conjunction with ASHAs
- ♦ Ensuring that PHCs organized vaccination camps, while outreach camps were set up where there was a need
- ♦ Providing support to ASHAs during their house visits, especially in slum areas or religious minority areas, where convincing people was challenging. Accompanying ASHAs helped with mobilization
- ♦ Assisting PHC staff in completing Mother and Child Protection (MCP) cards
- ♦ Facilitating crowd control during vaccination at various sites

He explained that the learnings derived from COVID-19 vaccination efforts were extended to routine immunization. These included:

- ♦ Reaching out to the religious minority population, as most of the areas with low vaccination rates were among the group.
- ♦ Utilizing PHC-wise lists of those who hadn't been vaccinated and conducting follow-up visits. The approach was successfully used during COVID-19 vaccination and could be applied here as well.
- ♦ Focusing on urban areas where achieving high vaccine coverage was challenging, including Vijayapura, Koppal, and Davangere. Efforts were concentrated on these urban regions. Challenges included fewer ASHAs, accessibility issues, and mobility constraints due to the floating population.
- ♦ Involving Gram Panchayats in routine immunization activities and raising awareness. Drawing inspiration from their active role in COVID-19 vaccination, efforts were made to involve GPs in routine immunization activities. Some GPs effectively prioritized and communicated the importance of routine immunization.

He reflected even though the implementation took only a short time, the amount of experience and learning was substantial. The project offered a combination of freedom, challenges, and a fast pace. He noted the value of close monitoring, which helped in addressing issues and adapting strategies based on insights and feedback from each visit. He appreciated the seamless implementation at the organizational level, highlighting the understanding between the donor and the support received from the state and district authorities, and concluded the presentation.

PANEL DISCUSSIONS

Panel discussion on Enhancing access to COVID-19 vaccination among marginalized and vulnerable populations, and in hard-to-reach areas

The first panel of the meeting focused on enhancing access to COVID-19 vaccination among marginalized and vulnerable populations and in hard-to-reach areas. The panelists shared their opinions and experiences on community vaccination during the discussion.





PANEL SESSION CHAIRPERSON

1. **Dr Anilkumar R**, RCHO, Bellary

2. **Dr Lakshmikant**, RCHO, Yadagiri

Session Moderator: Mr Suresh Mahadevappa, Zonal Lead, KHPT

PANELISTS

1. **Mr Jambanna**, Budaga Jangama Community Leader, Bellary

2. **Mr Madan Rathod**, Lambani Community Leaders, Kalaburagi

3. **Mr Chandrashekar Patil**, District Lead, Chamrajnagar

4. **Dr Pampapathi**, District Lead, Bellary

5. **Mr Babu**, District Lead, Yadagiri

Mr Jambanna, a leader of the Budaga Jangama community in Bellary, mentioned that his nomadic tribe lived in tents, had little education, and lacked access to healthcare. He said that in the 1990s, the government provided community with 228 houses, a significant change from their previous tent-based lifestyle. He said their tribe community, consisting of eight sub-castes from various regions, had relied on herbs and indigenous remedies for treating illnesses. The fear of the COVID-19 Vaccine was prominent among community, which was heightened during the outbreak but KHPT and health staff had managed to vaccinate the community.

"The efforts of people from KHPT and Anganwadi workers are admirable. Despite their busy work schedules, these dedicated individuals managed to successfully convince and administer the COVID-19 vaccine to the tribe members."

- **Jambanna**, Budaga Jangama Community Leader, Bellary

Mr Madan Rathod, a Lambani Community Leader from Kalaburagi, explained how volunteers and health department staff facilitated the vaccination of individuals within their community. He said the Panchayat consists of 11 thandas (a clustered human settlement, it is equal to a hamlet but smaller than a village, with a population of a few hundreds) and a considerable number of people from their community migrate to Mumbai. During the COVID-19 pandemic, many individuals returned to their villages due to the lockdown. The health department personnel looked after the community and COVID-19 vaccines were administered.

"The health department was cooperative and assisted when the village reached out, especially when people returned from external areas. The collaborative approach greatly helped the community in early vaccination."

- **Madan Rathod**, Lambani Community Leader, Kalaburagi

Mr Chandrashekar Patil, District Lead in Chamarajanagara, said community volunteers faced challenges vaccinating tribal communities initially. Due to fear, people did not come for vaccinations, whatever the strategies. The District Commissioner's visit revealed reluctance among tribal members. To address this, consultations with the District Health Officer (DHO) and assistance from KHPT were sought. The DC prioritized tribal vaccination and entrusted the DHO with this task, seeking KHPT's support.

Religious leaders helped motivate the community. The president of the All India Dairy Association set a positive example, leading to the vaccination of his 200-person team. In total, around 40,000 individuals were vaccinated. Taluk coordinators and volunteers played a crucial role, and collective support ensured the campaign's success.

"KHPT recruited volunteers for the task. A practical approach was adopted, involving the selection and training of a tribal individual to facilitate vaccination coverage within the population. Through this strategy, KHPT managed to successfully vaccinate around 5,000 tribal individuals."

- **Chandrashekar Patil**, District Lead, Chamarajanagar

Dr Pampapathi, District Lead in Bellary, talked about strategies for vaccinating hard-to-reach populations, especially in mining areas. KHPT conducted visits to remote mining and hill regions, like Devgiri village, overcoming transportation challenges. Collaboration with Gram Panchayat (GP) through the Graama Panchayath Arogya Amrutha Abhiyaana (GPAAA) program helped facilitate transportation and utilize local health staff. Special efforts were made to vaccinate individuals with health conditions, like People

Living with HIV (PLHIV), through relevant organizations. Factory workers were also vaccinated at their workplaces, reflecting a comprehensive approach to reaching diverse and challenging populations in Bellary.

Mr Babu, the District Lead from Yadagiri, mentioned that KHPT district team used to receive several due lists in their district, and were aware of the migration patterns of people from those areas. District had a team of 60 volunteers to aid in their efforts.

According to Mr. Babu, the District Collector (DC) conducted a virtual meeting where a list of hard-to-reach areas in different villages was provided. In Shaktinagar, an area with factories, the vaccination process was delayed due to concerns about potential side effects like fever. The team engaged with the managers of these factories, coordinated suitable dates, and successfully vaccinated a total of 1,100 individuals.

Dr Laxmikantha, RCHO, Yadagiri District, mentioned that he had personally tested 180,000 people, and talked about extensive migration flows in the region. He pointed out that many people arrived in trucks from Mumbai before the vaccination drive began. The issue of vaccination coverage was a problem then, not only in the tribal areas, but also among people in villages and towns. People had certain preferences and wanted the Covishield vaccine.

He mentioned that routine immunization activities in Yadagiri district were facing difficulties especially the Bengali people where lived in trenches. He mentioned the efforts of the District Deputy Director Women and Child Development (DD-WCD) to ensure compliance with vaccination requirements, although he was met with resistance and criticism. Dr Laxmikantha expressed satisfaction at the progress Government department had made in vaccinating the community.

“People should now improve immunity. Conducting IEC is very important. Health staff should find out what the fears are. The nurses should follow up after immunization so that the concerns are allayed.”

-Dr Laxmikantha,
RCHO, Yadagiri

In his talk, **Dr AnilKumar R**, RCHO, Bellary mentioned that the COVID-19 vaccination phase was a demanding period, marked by both cases and vaccination efforts. The stress was palpable during COVID, he said, but the Government of Karnataka had successfully emerged from that phase, acknowledging the work done by everyone involved. He expressed happiness about vaccinating numerous individuals and saving the community from potential danger. He noted that KHPT joined the efforts when the Health Department was already midway through the process, collaborated on planning and monitoring progress, and brought together district and taluk coordinators along with volunteers.

He explained that he focused on analyzing statistics to identify areas with lower vaccination rates, pinpointing vaccine-resistant individuals. A micro plan was developed, and the team was assigned to visit households facing resistance. The plan was discussed with Medical Officers and taluk health officers, which proved to be a significant source of help. He expressed his gratitude to KHPT for its support, including its assistance with IEC efforts. He supported ASHA workers to involve community members as leaders, especially among tribes like the Budaga Jangama, where reaching people on time is challenging.

Dr Anilkumar R mentioned visiting households, ensuring vaccination, and pointed to settlements like Gudarnagar, where there were children who hadn't received any immunization. He recognized that changing the mindset and behavior of people is a task, particularly among the illiterate population. He emphasized the importance of IEC and Behavior Change Communication (BCC), stating that selecting a community member to bridge the gap is vital. He suggested replicating the approach in other areas by identifying leaders who can coordinate and encourage immunization efforts, especially with the crucial Routine immunization in 2023.

“The challenges of illiteracy and lack of awareness make mobilizing people in northern Karnataka a daunting task. Bellary district currently has 1200 individuals who have yet to receive MR2 vaccination. Despite our efforts, the community declined vaccination for various reasons. In the field, the crucial requirement is to persuade the community through members of their community. Therefore, appeal to KHPT and other organizations for their support in routine immunization and other vaccination initiatives.”

-Dr AnilKumar R, Reproductive Child Health Officer, Bellary

Panel Discussion on Success Stories and key learnings in achieving the COVID-19 vaccination: Lessons for strengthening immunization program

The second panel of the meeting focused on the Success Stories and key learnings in achieving the COVID-19 vaccination: Lessons for strengthening the immunization program. The panel discussion focused on the topic of success stories and key learnings in achieving vaccination. The participants were asked a set of questions to gain insights into their experiences and strategies and it was different from the previous panel.

Venue: The Lalit Ashok, Bengaluru





PANEL SESSION CHAIRPERSON

1. **Dr Prabulinga Mankar**, RCHO, Kalaburagi

2. **Dr Jambaiah**, RCHO, Vijayanagar

Session Moderator: Ms Jyoti Koujageri, Communication Officer, KHPT

PANELISTS

1. **Mr Nagaraj**, District Lead, Vijayanagara

2. **Mr Pramod**, District Lead, Bagalkot

3. **Mr Dileep**, District Lead, Davanagere

4. **Ms Rajeshwari**, District Lead, Kalaburagi

5. **Dr Bharati**, Zonal Lead, Belagavi

What has been the success achieved in the M-RITE project, and what role do you think you have played in contributing to it?

In response to the question about the success achieved in the M-RITE project and its role in contributing to it **Mr Nagaraj**, the District Lead for Vijayanagara, answered that the completion of the initial round of COVID-19 vaccinations was a success. He also mentioned the challenges that arose, particularly those involving migrant and tribal populations. Nevertheless, he expressed that the team's strategic endeavors and unwavering commitment led to the successful transformation of the challenges into stories of accomplishment.

Could you elaborate on the methods you employed to transform your responsibilities into successful outcomes?

To achieve successful outcomes and transform responsibilities into real results, a systematic and planned approach was engaged said **Mr Pramod**, the District lead for Bagalkote. It involved the utilization of various methods which aimed at maximizing efficiency, output, and overall success such as goal Setting, planning and prioritizing, monitoring and evaluation, etc. He highlighted the significance of the support received from the entire team, including the RCHO and volunteers in vaccinating the community. He also mentioned the crucial role played by volunteers and Taluk Coordinators (TC) in their accomplishments, acknowledging that district team have gained valuable insights from RCHO.

Considering the focus on routine immunization in Davanagere, could you please share your experiences and the learnings you gained from the COVID-19 vaccination initiative?

In response to the above question **Mr Dileep**, the district lead of Davanagere, said that self-motivation and team motivation are highly significant. He mentioned that during the COVID-19 vaccination campaign, the district team had to reach a substantial target. Consequently, directed their efforts towards various groups, schools, NGOs, and even jails. He pointed out that community volunteers had encountered numerous challenges because of the potential side effects of immunizations. He also mentioned that these volunteers had shown reluctance to approach urban areas and the designated Primary Health Centres (PHCs). He shared that community volunteers were instrumental in successfully vaccinating 124 children who had previously dropped out of vaccination schedules.

What were the factors that either discouraged you or brought you happiness concerning the work?

Ms Rajeshwari, the District Lead of Kalaburagi, mentioned that the district team vaccinated individuals with mental health issues and disabilities. She explained that district team provided counseling to the family members of these individuals before administering the vaccinations. She further noted that in areas predominantly inhabited by the Muslim community, there was initial resistance to vaccination. She explained that faced challenges but worked collaboratively and managed to overcome obstacles, ultimately achieving success.

What lessons were gained from managing routine immunization in your region?

Dr Bharati, the division lead of Belagavi Zone, mentioned that managing volunteers and the

Taluka Coordinator posed significant challenges due to the dropout of volunteers, understanding technical medical terms. She explained that KHPT with JSI team used to provide training to these individuals on topics related to immunization, vaccination, and technical medical matters. She added that there were instances of volunteers or staff members dropping out, necessitating rehiring and retraining. She stated that having direct contact with communities is of utmost importance. Despite facing numerous challenges, the team was able to accomplish its goals through collaborative efforts. She noted that the volunteers quickly grasped the concepts of Routine Immunization in their unique ways. Additionally, the team's learning encompassed mobilization support and its effective utilization.

Could you please provide your insights on routine immunization and COVID-19 vaccination?

Panel chairperson **Dr Prabhulinga Mankar**, the RCHO of Kalburgi, expressed that while success was ultimately achieved in the end, the experiences, learnings, and insights gained from the COVID-19 vaccination process are crucial. He noted that ASHAs worked diligently throughout the years 2021 and 2022 to ensure vaccination daily. He mentioned collaborative efforts and support received from KHPT, an organization actively involved in health initiatives. Reflecting on lessons from the COVID-19 vaccination campaign applicable to Routine Immunization. He said that in Kalburgi, a gap existed with the minority population due to resistance, partly fueled by misconceptions about COVID-19 vaccines and infertility. To address this, religious leaders' meetings were held, creating awareness and dispelling myths. Vaccination sessions were arranged in mosques, leveraging religious gatherings for information dissemination. By adapting to their convenience, the team successfully vaccinated these communities.

Similarly, he shared that specific vulnerable groups such as labourers and vendors were vaccinated during the early morning and evening hours to suit their schedules. He said that house visits posed no issues, except for the minority community, which tackled through community leaders' involvement.

Regarding Routine Immunization, Dr Prabhulinga Mankar, discussed the challenges posed by urban areas with a population of 7-8 lakh. Volunteers were focused on 10 Urban Primary Health Centres (UPHCs) to address the concern, actively engaging in social mobilization for RI sessions. He suggested that maintaining such efforts continuously could yield positive outcomes. In conclusion, Dr Prabhulinga Mankar expressed gratitude for the opportunity and acknowledged the presence of numerous success stories within their vaccination initiatives.

The panel chairperson, **Dr Jambaiah**, the RCHO of Vijayanagar, mentioned the significant role played by district administration at the district level. He added that in challenging villages, the district administration and vaccinating staff would be present at 5:30 am. Daily debriefings and state-level monitoring were regular practices.

He said that Hospete taluka recorded the highest number of precautionary doses, a result of collaborative efforts with KHPT. Their focus was on vaccinating urban and minority areas. He mentioned the strong vaccine hesitancy the team encountered and described their approach of convincing and vaccinating in partnership with KHPT, NGOs, PHCOs, and staff nurses.

Panel Discussion on the Need for leveraging NGO support in strengthening Routine Immunization Programme

The third panel of the meeting focused on the need for leveraging NGO support to strengthen the Routine Immunization Programme. The moderator highlighted the significance of partners in enhancing COVID-19 vaccination and future routine immunization efforts. He mentioned that the panel discussion aims to generate meaningful conversations on utilizing learned lessons and NGO innovations for immunization activities. The panelists were welcomed. The moderator conveyed having a set of questions that would be asking.





PANEL SESSION CHAIRPERSON

1. Dr Rajani BN, Deputy Director-Immunization, State Directorate of Health and Family Welfare, Government of Karnataka

2. Dr Pradeep Haladar, Senior Immunization Strategic Advisor, JSI India

Session Moderator: Dr. Amit Gambhir, JSIPL, and Dr Deepak KG, State Program Manager, JSI M-RITE

PANELISTS

1. Dr Nanditha N M, RCHO - Raichuru

2. Dr Manjunath, RCHO - Chamarajanagar

3. Dr Chetan B Kankanwadi, RCHO - Belagavi

4. Dr Prakash V, RCHO - Koppal

5. Dr Kesar Singh Gundbowdi, RCHO - Vijayapura

6. Dr Meenakshi, RCHO- Davanagere

1. How can the government apply the lessons learned in the COVID-19 pandemic to strengthen the Routine Immunization program?

In response to the aforementioned question, **Dr Nandita N M**, RCHO, Raichuru responded by stating that the success story of the COVID-19 vaccine serves as a prominent example of effective interdepartmental coordination. She suggested that the lessons learned from COVID-19 success can be applied to strengthen Routine Immunization. Dr Nandita N M insisted that KHPT continue their involvement and support with Routine Immunization, even as KHPT shifts their focus to other thematic, and said JSIPL and KHPT have the potential to serve as intermediaries between the community and healthcare.

She said, for regions like Raichuru, Bellary, and Yadagiri, which experience higher rates of migration, there is gap between the community and the health system. She proposed that individuals like those supported by KHPT could serve as bridges in such contexts. Due to their close interactions with the community, attuned to community needs and concerns, making community influential figures.

Dr Nandita N M acknowledged that while the health team's messages might not always be readily accepted, these community members could leverage culturally sensitive IEC materials and local art forms to promote immunization.

2. How has COVID-19 impacted routine immunization?

Dr Manjunath, RCHO, Chamarajanagar responded by explaining that COVID-19 brought about anxiety and various challenges. He recognized the difficulty

of vaccinating people in tribal areas and other challenging environments. The challenge included engaging with individuals who were often intoxicated, making communication complex. Instances of police complaints and even assaults were encountered. During the period, KHPT's assistance played a pivotal role. Health staff identified hard-to-reach areas, and with KHPT's support, extended vaccination to those regions.

Dr Manjunath discussed the challenges faced in Routine Immunization, particularly in Chamarajanagar. He noted the impact of COVID-19 on vaccination rates, with MR1 (first measles-rubella dose) and MR2 (second measles-rubella dose) coverage declining from 10.5% to 9.4%. He highlighted the struggle to reach areas where people might be reluctant or fearful of immunization. Migration to Bangalore from Chamarajanagar was also mentioned, complicating vaccination efforts. The difficulty of RI in hard-to-reach areas and the possible hesitancy of people were acknowledged. Dr Manjunath sought support from KHPT to address these challenges. He recounted how, during the lockdown, strategized for RI after initially focusing on precautions. Health department collaborated with schools near hospitals and enlisted ASHA workers to mobilize parents agreeable to immunization, successfully addressing the measles and rubella outbreak. Dr Manjunath said that Chamarajanagar faced particular challenges due to its tribal population, unique health-seeking behavior, language, culture, and resistance to health personnel. He recognized KHPT's historical success in overcoming these obstacles.

In conclusion, Dr Manjunath detailed how these challenges had impacted RI, mentioning Chamaranagar's proximity to Tamil Nadu and the significant migration that further complicated the issue.

3. What is the Role of NGOs in enhancing public health protocols, preparation for future pandemics, and strengthening RI?

Dr Chetan B Kankanwadi, RCHO, Belagavi district said that collaborative efforts involving KHPT and the local Member of the Legislative Assembly resulted in organizing vaccination camps successfully. Additional manpower from KHPT supported the process when school and college vaccinations began in Belagavi district, Karnataka.

Dr Chetan mentioned that migration posed a challenge, especially during the administration of the second vaccine dose. He noted that the Graama Panchayat Arogya Amrutha Abhiyaana played a role in creating awareness about vaccination and Routine Immunization (RI) in schools and the community. Acknowledging coverage gaps in urban areas due to the absence of ASHA workers, Dr Chetan shared that surveys identified unvaccinated children. KHPT used vehicles to transport children, disabled individuals, and the elderly to vaccination sites, showing their commitment to vaccination access.

In addition to their regular infrastructure, Dr Chetan credited KHPT with a crucial role in vaccination efforts. He expressed the intention to involve NGOs in urban areas for Routine immunization activities.

4. How can community engagement and education increase vaccine uptake and ensure equitable access to immunization services?

Responding to the aforementioned question, **Dr Prakash V**, RCHO, Koppal commented that community engagement and awareness play pivotal roles and the key to ultimate success is reaching every individual. Involving communities in programs provides insights into their diverse needs and priorities, enabling tailoring of programs to meet those specific requirements. For Routine Immunization (RI), factors like timing, location, and program execution need consideration. Identifying and engaging local influencers is essential. He stressed that the first step is educating the community about health awareness, followed by raising awareness about RI programs. Dr Prakash suggested that generating community demand. He advocated for involving all individuals in the process.

In a specific example, **Dr Prakash V** shared that in Ganagvathi Urban, there were 306 unvaccinated children. After successfully covering 146 of children, the parents of the remaining children resisted vaccination. Health educators were deployed for a week, followed by 12 subsequent sessions, leading to the vaccination of the remaining children. He concluded that effectively conveying the importance of vaccination to the community is crucial for success.

5. What are some Cultural and linguistic barriers you encountered while working with marginalized communities during COVID-19 and how did the M-RITE project address barriers?

Dr Kesar Singh, RCHO, Vijayapura, stated that approximately **30%** of the population in northern Karnataka comprises Muslims. He mentioned that convincing Muslim community to take swab tests or vaccinations presented a challenge due to ineffective communication in Urdu by ASHAs. Health Department initially attempted distributing pamphlets in Urdu, but the approach didn't work due to lower literacy rates. To overcome this, KHPT formed a team focused on vaccination by engaging local community leaders and municipal members. Dr Kesar Singh noted that convincing wasn't problematic, but the approach posed difficulties. He shared that around 30% of the population, mainly Muslims, typically didn't access health services. With assistance from KHPT and other NGOs, to address the issue.

Health staff followed guidelines, conducted gap analyses, and ensured the 24/7 availability of required resources. Dr Kesar Singh said cultural sensitivity and appropriate IEC materials are important. He expressed satisfaction in collaborating with KHPT and acknowledged vaccine champions' role in overcoming linguistic barriers. Dr Kesar Singh recounted facing numerous challenges and commended KHPT for providing valuable support and innovative solutions to overcome challenges.

6. What are the challenges faced in the implementation of RI in urban settings, and how NGO support can be leveraged to bridge the gap and streamline RI activities?

Dr Meenakshi, RCHO, Davanagere addressed the need for support in urban areas. She explained that previously, volunteers weren't available for urban regions. She shared their challenges and noted that Dr Deepak from JSIPL

proposed reallocating rural volunteers to address issues and training volunteers in Routine Immunization, enabling volunteers to identify vaccination records and compile lists. To address concerns about refusals, sought assurance and are closely monitoring and communicating with those who previously refused. Every Friday, disease and vaccine information were announced in mosques which resulted in a decrease in fever and rash cases at the hospital. Achieving success requires a guiding mechanism. Dr Meenakshi said, and expressed gratitude for the support provided by KHPT in urban areas.

The session chairperson, **Dr Pradeep Haldar**, shared insights on community engagement and education. He said that the first step in assessing immunization coverage is reaching the community and providing reliable services. Then, the focus shifts to ensuring coverage in difficult areas and adequate service provision. He mentioned the strategy of Mission Indradhanush, which involves identifying pockets where outreach is lacking where the community is unable to attend sessions due to factors like distance or social taboos, he emphasized the need for tailored approaches. This includes considering the necessity of seasonal sessions linked to migrant populations and devising separate micro-plans for migrant and tribal-specific scenarios. The timing of vaccination strategies and the implementation of seasonal sessions can aid in reaching these populations. Dr Pradeep Haldar stressed identifying root causes for low coverage and addressing hidden refusals.



He noted urban areas, pose consistent challenges. While district centres have proximity advantages, peri-urban areas require attention for coverage. Urban areas lack human resources, especially field workers, and face geographical complexities. He suggested mentoring Mahila Arogya Samithi (MAS) for vaccination mobilization. He proposed MAS and health centers collaborate, engaging 4-6 women to organize meetings for information dissemination. Although MAS includes mobilization, its implementation is limited. He stressed the need to provide structured messages through MAS for urban immunization improvement.

The panel chairperson, **Dr Rajani B N**, commented after the panelists' discussion. She noted insights from RCHOs in various regions and stressed the need for district-specific strategies to tackle challenges. She said NGO support is important in reaching the remaining 30% of the population. NGOs bridged gaps within government infrastructure and taught resource utilization lessons. She proposed that demand generation, community engagement, and reinforcing ASHA workers, AWWs, and ANMs' roles can strengthen Routine Immunization.



Panel discussion on Multi-stakeholder collaboration and complementary action contribution to the vaccination mission by the government

The fourth panel of the meeting focused on multi-stakeholder collaboration and complementary action contribution to the vaccination mission by the government.

Date: June 27, 2023

Venue: The Lalit Ashok, Bengaluru





Date: June 27, 2023

Venue: The Lalit Ashok, Bengaluru



PANEL SESSION CHAIRPERSON

1. **Dr Anil Kumar M**, RCHO - Mandya

2. **Dr Nagaraj Naik**, RCHO - Shivamogga

Session Moderator: Mr Shashidharan M, Mysuru Zonal Lead, KHPT

PANELISTS

1. **Mr Basavaraj**, Gram Panchayat President, Ramsamudra, Yadagiri

2. **Mr Swamy**, Assistant Professor, NSS coordinator

3. **Mr Ramesh**, Shivashakti, HR Manager, Shivashakti Sugar Factory, Belagavi

Mr Basavaraj, the Gram Panchayat president of Ramsamudra, Yadagiri district, greeted the audience and began by stating that KHPT had approached him regarding the COVID-19 vaccination. He recounted that the community faced resistance and adverse reactions in the village but GP members persevered and managed to vaccinate those in labor-intensive sectors like fields and forest areas. Mr Basavaraj shared that a GP member initially received the vaccine, and the following day, GP members showed the community that the member remained unaffected or nothing happened.

Mr Ramesh Gokavi, representing Shivashakti Sugar Factory in Belgaum, extended greetings to everyone. He shared that their factory workers were encountering difficulties in accessing vaccines on time, leading to absenteeism and concerns for the management. KHPT stepped in and organized a vaccination camp in the factory. Mr. Ramesh Gokavi mentioned their factory hosted three such camps, vaccinating not only the workers but also their families. Additionally, laborers from Maharashtra were also vaccinated, ensuring follow-ups for the next dose, and KHPT conducted awareness sessions about COVID-19 prevention.

Mr Swamy, an Assistant Professor and National Service Scheme Coordinator at Rao Bahadur Y. Mahabaleswarappa Engineering College, Bellary, noted that awareness about the vaccine was disseminated through both the government and

KHPT, involving parents with around 6000 students from various sections. Vaccination drives resulted in the administration of 2000 doses. Mr Swamy said the drive included not only students, but also parents and relatives.

The panel chairperson, **Dr Anilkumar**, the RCHO of Mandya, said the importance of cooperation within the department due to the COVID-19 pandemic circumstances is noticeable. He noted that despite the efforts of ASHA staff, AWWs, and elected representatives, it is difficult to reach remote areas and requested for 65 volunteers to be recruited for the Mandya district, through the M-RITE project appointed the volunteers. He acknowledged that nearly 70,000 COVID-19 vaccinations have been made possible through KHPT's involvement. Dr Anilkumar said the valuable lesson he had learned from the experience was the importance of inter-departmental coordination, especially at the grassroots level.

Dr Nagaraj Nayak, the RCHO of Shivamogga, mentioned challenges like vaccine shortage and reluctance in certain circles. He said Dr Rajani B N had contacted him and suggested KHPT's help to clear the backlog and offered support with vehicles. Dr Nagaraj Nayak noted that KHPT provided a list of resistant areas and conducted orientation sessions for volunteers and Panchayat Development Officers focusing on school dropouts, resistant areas, and minority communities.

Panel discussion on Learning and experience sharing – equitable coverage and benefits of COVID-19 vaccination

The fifth panel of the meeting focused on Learning and experience sharing – equitable coverage and benefits of COVID-19 vaccination.



PANEL SESSION CHAIRPERSON

1. **Dr S S Neelagund**, RCHO - Gadag

2. **Dr Kumaraswamy PC**, RCHO - Chitradurga

Session Moderator: Mr Peer Mohammed, Bengaluru Zonal Lead, KHPT

PANELISTS: Voices from the community through video presentation

1. **Ms Manjamma Jogathi**, Transgender representative, Hospete

2. **Mr Budan Pasha**, Minority representative, Hospete

3. **A Mother of a Physically Challenged Boy**, Kalaburagi

4. **Mr Hanumantappa**, Elderly representative, Bellary

5. **Ms Manjula**, Tribal representative, Chamarajanagar

The community video clip shows individual experiences with vaccination COVID-19. Members of different communities voiced their personal stories about vaccination with the COVID-19 vaccine, presented during the meeting. The video showcases various vaccination experiences to inform and inspire others.

The video begins with **Manjamma Jogathi**, a representative of the transgender community from Hosapete, Vijayanagar district who shares, "I am a priest at Mookambika temple and a Janapada artist. Getting the vaccine was a challenge during COVID-19, but volunteers convinced us. We shared the information with our community and got vaccinated. We're all healthy now."

Next, **Budan Pasha**, a minority representative from Hospete, Vijayanagar district says, "I'm a mechanic. KHPT advised us to get vaccinated for our health. Our committee decided to get vaccinated and spread the information through the Masjid's audio system. Thanks to these efforts, we're safe now."

A mother of a physically challenged boy from Kalaburagi district said, "Doctors stressed on vaccinating our son. KHPT staff assured us it was safe and guided us, and our family got vaccinated. Our son received all three doses and is thriving."

Hanumanthappa, a priest at Halakundi Mutt, from Bellary shares, "After getting the vaccine, I had a fever and recovered with tablets. For the second dose, hospital staff came to the mutt. Tablets helped me recover."

Manjula, a tribal woman from Arekadu Doddi, Chamarajanagar, adds, "After the second dose, some felt pain. GP members and hospital staff counseled us and shared their vaccination experiences. Our perception changed and vaccinated."

The panel chairperson, **Dr S S Neelagund**, the RCHO of Gadag, stated that officials have a responsibility to extend equal principles to society, especially to vulnerable sections. Misconceptions about vaccination spread rapidly in certain communities. KHPT played a crucial role in reaching resistant pockets and supporting in organizing effective camps. He said collaboration is crucial to achieving success.


Dr Kumaraswamy, the RCHO of Chitradurga, mentioned their successful vaccination coverage but faced resistance in specific pockets. With KHPT's support, targeted resistant areas using the IEC approach and covered over 25,000 individuals. He recognized upcoming challenges and concluded that collaborative efforts will help achieve goals.



04 | Felicitating the Vaccine Ambassadors

During the event KHPT extended acknowledgments to our esteemed Vaccine Ambassadors, whose notable efforts have played a pivotal role in promoting and demonstrating unwavering commitment towards generating awareness and contributing to the success of vaccination campaigns. In recognition of their dedicated endeavors, KHPT presented community volunteers with certificates of appreciation. Dr Pradeep Halder, Mr Ashok Raisinghani, Dr Deepak KG, and Dr Amit Gambhir had the honor of presenting certificates.





05 | Concluding remarks & vote of thanks

Mr Raghavendra T, the Project Lead at KHPT, delivered concluding remarks. He began by thanking the JSIPL national and state teams, led by Mr Ashok Raisinghani and Dr Deepak KG, for their consistent financial, moral, and operational support, along with the inspiration JSI M-RITE provided throughout the program's implementation. He conveyed his appreciation to Dr Rajani BN for her dedication and support. Mr. Raghavendra also mentioned the insights gained from Dr Pradeep Haldar's interactions and the valuable input and guidance that Dr Amit Gambhir offered during his visits and review meetings.

He said that it was important that everyone had had the opportunity to speak and share their experiences. He extended thanks to the RCHOs and DHOs of all the 14 districts. He credited volunteers and staff for their commitment and contributions that enabled the team to reach their targets and achieve their accomplishments. He conveyed his gratitude to the district leads, taluka coordinators, volunteers, and community leaders. Mr Raghavendra T concluded by expressing their honor in meeting everyone and extended gratitude for their participation.

06 | Key Takeaways

The key takeaways from the learning and experience-sharing meeting

- ♦ The collaborative approach involving government departments, community leaders, and religious leaders has proven to be instrumental in facilitating the early COVID-19 vaccination and Routine Immunization efforts within communities. This approach has helped build trust, address vaccine hesitancy, and ensure equitable access to vaccination services. Inter and intra-department coordination and convergence is critical for a strong response to any health crisis across the country
- ♦ Mapping of marginalized and vulnerable populations is a foundational activity that helps in systematically collecting information on the distribution of the vulnerable populations and some relevant socio-demographic indicators. It can help in developing an effective context-specific intervention approach to vaccine programmes
- ♦ Partnerships and collaborations- right to the end stage of service delivery is most effective when a large volume of the population is to be covered. Local NGOs and CBOs play an important role in terms of advocacy, communication, social mobilization, and most importantly, demand generation among the community which has helped the project to cover close to 17 lakh population with vaccination from the most hard-to-reach areas
- ♦ Partnering with Gram Panchayats is crucial for effective local governance. Active structures like the GPTF can address the challenges of last-mile community
- ♦ Use of an effective communication strategy-such as context and population-specific IEC, leveraging special days and events is another way to reach out to the masses, and create behavior change within the community

Annexures

Meeting Invitation



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KHPT
engage, innovate, empower

INVITATION

We cordially invite you to attend the

Learning and Experience Sharing Meeting

Improving COVID-19 vaccine coverage by demand generation among the most vulnerable communities

Date: June 27, 2023

Venue: The Lalit Ashok
Kumara Krupa High Grounds,
Bengaluru, India



Detailed agenda to follow

Meeting Schedule

COVID-19 Vaccination Learning and Experience Sharing Meeting

Date: June 27, 2023 | Venue: The Lalit Ashok, Bengaluru, India

TIME	SESSION	FACILITATOR
9:00 am - 9:30 am	Registration	KHPT
9:30 am - 9:45 am	Welcome address	Dr Shobha Anand Reddy Director-Programmes and Strategy, KHPT
9:45 am - 9:50 am	Lighting the Lamp	Chief Guest and Dignitaries
9:50 am - 9:55 am	Honouring the Chief Guest and Dignitaries	Mr Raghavendra T Project Lead, KHPT
9:55 am - 10:10 am	Opening remarks and context setting	Mr Ashok Raisinghani Director Operations, JSI India
10:10 am - 10:25 am	Keynote Address by the Guest of Honour	Dr Pradeep Halder Senior Immunization Strategic Advisor, JSIPL
10:25 am - 10:40 am	Special address by the Guest of Honour	Dr Rajani B N State Immunization Officer, Government of Karnataka
11:10 am - 11:30 am	Leveraging Covid-19 Learnings for RI	Dr Pradeep Halder Senior Immunization Strategic Advisor, JSIPL
11:30 am - 11:35 am	Knowledge Product Launch	Dr Rajani B N State Immunization Officer, Government of Karnataka
11:35 am - 11:50 am	TEA BREAK	Photo Gallery walkthrough
11:50 am - 12:10 pm	An overview of M-RITE project implementation in Karnataka	Dr Deepak KG, State Project Manager, Karnataka, M-RITE, JSIPL
12:10 pm - 12:30 pm	Partner perspective in contributing to state's COVID-19 vaccination through M-RITE project intervention and key learnings	Mr. Raghavendra T, Project Lead, KHPT
12:30 PM - 1:05 pm	Panel Discussion 1 Enhancing access to COVID-19 vaccination among marginalized and vulnerable populations, and in hard-to-reach areas (25 mins discussion and 10 mins Q&A session)	Panel Session Chairperson 1. Dr Anilkumar R, RCHO, Bellary 2. Dr Lakshmikanth, RCHO, Yadagiri Session Moderator: Mr Suresh Mahadevappa, Zonal Lead, KHPT Panelists 1. Mr Jambanna, Budaga Jangama Community Leader, Bellary 2. Mr Madam Rathod, Lambani Community Leaders, Kalaburagi 3. Mr Chandrashekar Patil, District Lead, Chamrajanagar 4. Dr Pampapathi, District Lead, Bellary 5. Mr Babu, District Lead, Yadagiri
1:05 pm - 1:40 pm	Panel Discussion 2 Success Stories and key learnings in achieving the COVID-19 vaccination: Lessons for strengthening immunization program 25 mins discussion and 10 mins Q&A session	Panel Session Chairperson 1. Dr Prabulinga Mankar, RCHO, Kalaburagi 2. Dr Jambaiiah, RCHO, Vijayanagar Session Moderator: Ms Jyoti Koujageri, Communication Officer, KHPT Panel Members 1. Mr Nagaraj, District Lead, Vijayanagara 2. Mr Pramod, District Lead, Bagalkot 3. Mr Dileep, District Lead, Davanagere 4. Ms Rajeshwari, District Lead, Kalaburagi 5. Dr Bharati, Zonal Lead, Belagavi

1:40 pm – 2:30 pm	LUNCH	Panel Members
2:30 pm – 3.15 pm	<p>Panel Discussion 3</p> <p>Need for leveraging NGO support in strengthening Routine Immunization Programme</p> <p>(35 mins discussion and 10 mins Q&A session)</p>	<p>Session Chairperson</p> <p>1. Dr Rajani BN Deputy Director-Immunization, State Directorate of Health and Family Welfare, Government of Karnataka</p> <p>2. Dr Pradeep Haladar</p> <p>Session Moderator: Dr. Amit Gambhir, JSIPL, and Dr Deepak KG, State Program Manager, JSI M-RITE</p> <p>Panel Members</p> <p>1. Dr Nanditha N M, RCHO - Raichuru 2. Dr Manjunath, RCHO – Chamarajanagar 3. Dr Chetan B Kankanwadi, RCHO – Belagavi 4. Dr Prakash V, RCHO – Koppal 5. Dr Kesar Singh Gundbowdi, RCHO –Vijayapura 6. Dr Meenakshi, RCHO- Davanagere</p>
3.15 pm – 3.50 pm	<p>Panel Discussion 4</p> <p>Learning and experience sharing - Multi-stakeholder collaboration and complementary action: contributing to the vaccination mission of the government</p> <p>25 mins discussion and 10 mins Q&A session</p>	<p>Session Chairperson</p> <p>1. Dr Anil Kumar M, RCHO – Mandya 2. Dr Nagaraj Naik, RCHO - Shivamogga</p> <p>Session Moderator: Mr Shashidharan M, Mysuru Zonal Lead, KHPT</p> <p>Panel Members</p> <p>1. Mr Basavaraj, Gram Panchayat President, Ramsamudra, Yadagiri 2. Mr Swamy, Assistant Professor, NSS coordinator 3. Mr Ramesh, Shivashakti, HR Manager, Shivashakti Sugar Factory, Belagavi</p>
3:50 pm – 4.10 pm	TEA BREAK	Panel Members
4:10 PM – 4:55 pm	<p>Learning and experience sharing - Equitable coverage and benefits of COVID-19 vaccination</p> <p>(35 mins sharing of video presentation and 10 mins Q&A session)</p>	<p>Session Chairperson</p> <p>1. Dr S S Neelagund, RCHO - Gadag 2. Dr Kumaraswamy PC, RCHO – Chitradurga</p> <p>Session Moderator: Mr Peer Mohammed, Bengaluru Zonal Lead, KHPT</p> <p>Panel Members: Voices from the community through video presentation</p> <ul style="list-style-type: none"> ♦ Ms Manjamma Jogathi, Transgender representative, Hospete ♦ Mr Budan Pasha, Minority representative, Hospete ♦ A Mother of a Physically Challenged Boy, Kalaburagi ♦ Mr Hanumantappa, Elderly representative, Bellary ♦ Ms Manjula, Tribal representative, Chamarajanagar
4:55 pm – 5:15 pm	Felicitating the Vaccine Ambassadors	♦ KHPT Team
5:15 pm – 5:30 pm	Concluding remarks & vote of thanks	♦ Mr Raghavendra T, Project Lead, KHPT

References

1. Gettleman, Jeffrey; Schultz, Kai (24 March 2020). "Modi Orders 3-Week Total Lockdown for All 1.3 Billion Indians". The New York Times. ISSN 0362-4331
2. Thiagarajan K. Why is India having a covid-19 surge? BMJ. 2021;373. doi: 10.1136/bmj.n1124. 2021.
3. World Health Organization WHO COVID-19 dashboard- India. 2021. <https://covid19.who.int/region/searo/country/in>
4. "Vaccination state wise". Ministry of Health and Family Welfare. Retrieved 4 March 2023
5. Hindu, The. (October 01, 2021). COVID-19 vaccination: Karnataka shifts focus from daily to monthly targets. Retrieved from <https://www.thehindu.com/news/national/karnataka/covid-19-vaccination-karnataka-shifts-focus-from-daily-to-monthly-target/article36770312.ece>
6. <https://www.unicef.org/india/reports/assessing-impact-covid-19-pandemic>

B: Photo Exhibits

Background and Context



The second wave of COVID-19 pandemic hit India hard. At its peak, Karnataka was managing 40,000 new cases daily, with over 500 deaths per day, stretching the capacities of the healthcare system and its infrastructure. To prevent the situation from repeating itself, the state prioritized the vaccination of all eligible persons in alignment with the national guidelines. Ensuring equitable vaccination was key to the COVID-19 prevention response, as the pandemic had disproportionately affected the poor and vulnerable.

Vaccine coverage in the state was uneven, with the underdeveloped northern districts particularly lagging behind. Health department officials understood that targeting these districts and the populations would require novel strategies and micro-planning, in order to address their reluctance. As noted by a key official of the Health Department in Karnataka, while the proportion of willing and eligible population in Karnataka had already been vaccinated, the challenge remained with respect to those who did not view the vaccine favourably. Addressing the need for behaviour change, creating awareness about infection management, and specifically addressing vaccine-related concerns of different vulnerable groups to accelerate the uptake of the COVID-19 vaccine was therefore a key objective of the M-RITE project.

Community-centred approach to COVID-19 prevention



KHPT has been leveraging its strong grassroots connect and technical expertise to support COVID-19 response and relief efforts on the ground since April 2020. We helped facilitate a response which brought together our skilled programme staff, frontline health workers, their extensive networks in the community and support from donors and partners to mobilize resources and support for vulnerable communities. Since 2020, KHPT has been actively supporting the Government of Karnataka in the management of COVID-19 through development of Information Education and Communication (IEC) materials, support for data analysis of COVID numbers and trends at state, national and global levels, and documentation of best practices and processes relating to disease surveillance, health systems strengthening, capacity building, mental health initiatives, communications and outreach, and counselling services.

Our active involvement in fighting the COVID-19 pandemic in the state and responses on the ground have helped us identify the barriers to achieve full vaccination of eligible populations, particularly in the rural, tribal and underdeveloped parts of the states.

The MOMENTUM Routine Immunization Transformation & Equity Project

Phase 1
Improving vaccination uptake through intensive targeted communications approaches
December 2021 to July 2022

In December 2021, KHPT received a grant from the JSI Research and Training Institute, funded by USAID's MOMENTUM Routine Immunization Transformation and Equity (M-RITE) initiative, to increase the demand for, distribution and uptake of COVID-19 vaccinations. The eight-month project was implemented in 12 districts of Karnataka, particularly among vulnerable and marginalized populations, with an overall coverage of 2.2 crore people. The aim of the project was to increase awareness about COVID-19 vaccinations in the intervention districts. This was done through the use of targeted communications interventions, and ensuring community engagement with the support of Gram Panchayat members, inter-faith leaders from tribal communities, and community structures including Village Health Sanitation and Nutrition Committees, Jan Arogya Samitis, School Development and Monitoring Committees, Bala Vikas Samitis, Gram Panchayat Task Forces and Self-Help Groups, along with frontline health workers and health systems staff.

Phase 2
Differentiated approach to vaccination uptake
August 2022 to January 2023

In August 2022, two more districts were added to the 12 districts, with a differentiated approach to vaccination uptake. The differentiated approach included sustained and intensive interventions and light-touch interventions. Sustained or intensive intervention districts included districts with low vaccination coverage. Light-touch intervention districts adopted a smaller set of interventions involving fewer human and financial resources where vaccine coverage was comparatively greater.

Extended Phase 2
Expanding to routine immunization initiatives
February 2023 to June 2023

After completing the COVID 19 vaccination the state government sought support from JSI and KHPT to strengthen routine immunization services, especially in urban areas. They suggested that learnings from the COVID-19 vaccination programme be used to strengthen the routine immunization programme, including approaches like reaching out to religious minority groups, and Gram Panchayat engagement. In February 2023, KHPT began to support the state with routine immunization in rural and urban areas.

MOMENTUM Routine Immunization Transformation and Equity (M-RITE) Project Geography



The above figures are a summation of 14 districts in Karnataka as of September 2021 to March 31, 2023.

Map showing COVID-19 vaccination implemented districts

Improving the Uptake of Routine Immunization

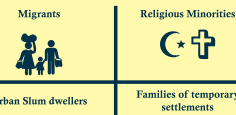
Our objective

To facilitate vaccination services for vulnerable children in rural and urban areas who are unvaccinated or partially vaccinated through increased awareness and engagement with community.

Supporting PHC staff by

- Collecting PHC wise drop out and left out list and follow up through individual house visits
- Organizing the camp at PHC and also outreach camps
- Supporting ASHAs through accompanying them to house visits
- Reminding the eligible families of the child prior and during the vaccination
- Supporting PHC staff in filling information in MCP card
- Facilitate the crowd control during the vaccination sites

Vulnerable community focused for Routine Immunization



Impact

2,602 Routine immunization sessions supported | 17,689 Children mobilized for immunization

Map showing Routine Immunization implemented district

Our Approach

Increasing vaccine uptake involved interventions tailored for specific vulnerable communities with the aim of:



A Four-fold Strategy



Highlights



Volunteers Mobilize the migrant community to vaccinate their children in Davanagere District as they face multiple challenges, including limited access to health services



Religious leaders educating parents on the importance of vaccinating their children and dispelling any myths or misconceptions surrounding vaccines in Davanagere district



Volunteers and ASHAs go door-to-door to note children's pending vaccinations Vijayapura district



Women bring other women of the same community to vaccinate their children in Kalaburagi district



People who attended the health camp educated on importance of immunization to the parents for the vaccination of children in Koppal district



A Family of temporary settlement child is vaccinated in Yadagiri district

Vulnerable populations we worked with



Elderly persons



Mining workers



Adolescent girls



Lambani tribal community



Nomadic community



Lactating mothers



Farmers



People with comorbidities such as diabetics



Greengrocers



Sugarcane harvest workers

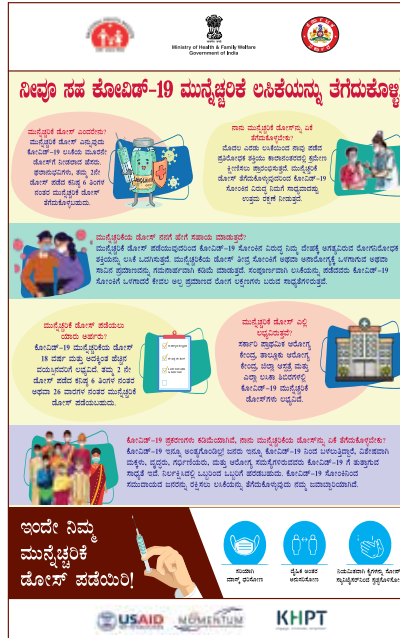


Police staff



KSRTC staff

Mobilizing Communities Through IEC Materials



Engagement with Muslim religious leaders and organization of special vaccination camps



Religion is an important part of the social and cultural fabric of many communities. It is a strong influencer of an individual's perspective. Because of its well established and trusted relationships with the communities, interventions with religious leaders were found to be a very effective way to address the community's well being.

While promoting vaccination, the team found that the Muslim community, which is a more close-knit community, had a high degree of vaccine hesitancy due to myths and misconceptions; this had resulted in low uptake of COVID-19 vaccines. Hence, as a strategy, KHPT engaged with religious leaders like Imams/Moulis to counter misinformation, misconception and myths related to COVID-19 vaccination. The team adopted strategies including recruitment of volunteers from the same community, engagement with Imams/Moulis, organizing educative and information sessions at the mosques during the large gatherings, and organizing camps in the community's residential areas. These strategies have worked well, and as a result, the program team was able to vaccinate more community members who were earlier resistant to receiving the COVID-19 vaccination.

This intervention was taken up in northern Karnataka districts including Gulbarga, Bellary and Vijayanagara. These are the districts where the Muslim population is comparatively more than

other districts. In these districts, interventions with religious leaders like Imams and Moulis who represent the Muslim community, have proved successful to increasing COVID-19 vaccine coverage.

The recruitment of volunteers from the Muslim community has helped to reach out more Muslim families with vaccine-related messaging. Muslim volunteers were able to reach out to their religious leaders and influence and educate them on the need of vaccine uptake. Special camps organized in the Muslim localities have resulted in improved reach and coverage of this hesitant population with vaccines.

During the duration of the intervention, the project could reach 35,548 individuals with COVID-19 messages and 8,344 individuals received the vaccine.

Religious leaders/fatih-based leaders have a meaningful role in building resilience and sharing effective communication, providing spiritual and psychological support to the communities. These religious leaders are essential actors with a strong influence on the community, and engaging with them will have immense potential to collectivize efforts to strengthen COVID-19 related awareness and benefits of vaccination among the community. Due to their significant influence among the communities they represent, it is important to take them into confidence and motivate them to actively promote vaccination amongst the community.



Success Story: Ensuring every child receives necessary doses of vaccination



Naganur is a village in the Bailahongal taluk in Belgaum district of Karnataka. It is located 34 kilometres east of the district capital Belgaum and 506 kilometres from the state capital Bangalore. Most people living in this district move to Pune, because it borders Maharashtra and is only 300 km away from Pune.

One couple, Nilamma and Vaibhav, had recently returned from Pune to Belagavi and were living with their family in Naganur village in Bailahongal taluka.

The volunteer team and ASHAs visited homes in their village and informed people to come to the routine immunization camp held at the Community Health Centre to vaccinate their children. Nilamma and Vaibhav visited the vaccination camp to get her child vaccinated. At the camp, the Community Health Officer (CHO) enquired which vaccinations were due for the child. Nilamma did not know anything specific about which vaccination was to be given.

Nilamma said that before visiting this camp, she had visited another centre for vaccination, but she was told to visit the center in her area. The CHO and ASHA clarified that the child could receive a vaccination anywhere. The CHO vaccinated the child with OPV, PENTA, and PCV. After the child was vaccinated, the ASHA, CHO and the KHPT Taluka Coordinator provided detailed information about the vaccines and explained the benefits and side effects of vaccination, and how to manage those side-effects.

Nilamma thanked the ASHA and CHO for the detailed information and informing her of the next date for her child's vaccination. She said she would inform her relatives and friends about getting vaccinations at such camps.

M-RITE Key Milestones

Human Resources Involved

14 District Leads

114 Cluster Coordinators

1156 Field Volunteers

14 Data Entry Operators

June-2023

As of June 15, 2023, under the project, 2602 Routine immunization sessions supported, 17,689 children were mobilised, and 76,069 doses were administered.

February-2023

COVID -19 vaccination programmes ended by state, reaching 13,22,848 lakh beneficiaries

October-2022

10 lakh beneficiaries receive the vaccine with M-RITE support

July-2022

End of Phase-1 of the project, around 6,58,066 beneficiaries receive the and COVID-19 vaccine

January-2022

First vaccination camp organised in Koppal district, Karnataka



February-2023

Renewal of sub-agreement to support routine immunization in 8 districts, namely Bagalkote, Belagavi, Davangere, Vijayapura, Kalaburagi, Koppal, Raichuru, Yadgiri

October-2022

A two-day annual workshop, conducted by KHPT in collaboration with JSI monitoring team and M-RITE, was attended by District Leads, Zonal Leads, and state team of KHPT

August-2022

Phase II of the project commences, and two more districts (Chitradurga and Shivamogga) are added to the 12 districts with a differentiated approach

February-2022

One lakh beneficiaries receive COVID-19 vaccines through our support in 12 districts

December-2021

KHPT receives a grant from the JSI Research and Training Institute, funded by USAID's MOMENTUM Routine Immunization Transformation and Equity (M-RITE) initiative, to increase the demand for, distribution and uptake of COVID-19 vaccinations





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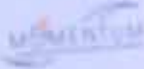
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KHPT

engage, innovate, empower



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