

# COVID-19 VACCINATION & MIGRANTS

## LEAVING NO ONE BEHIND

EXECUTIVE SUMMARY - JUNE 2022





## EXECUTIVE SUMMARY

Human mobility has been drastically impacted since the announcement of the first COVID-19 lockdown in March 2020. Two years hence, after two serious surge events, its ripple effects continue, even as counter measures to contain the mutating contagion have become more efficient.

According to the Ministry of Health and Family Welfare (CoWIN), as of June 2022, for ages 12 and above, a total of **196 crore vaccine doses** have been administered, with **101.4 crore first doses, 90.6 crore second doses** and **4 crore booster doses**.

Notwithstanding the Union and State Government's rigorous approach for protection against COVID-19 through the vaccine administration, a range of individual and systemic barriers negatively affect the motivation and ability to access the vaccines. India's migrant workers are some of those who have been significantly affected by the COVID-19 pandemic.

## ABOUT THE STUDY

Hence, this study titled, “COVID-19 Vaccination & Migrants – Leaving No One Behind”, is an attempt to explore the migrant-specific nuances that ascertain the extent of access to the COVID-19 vaccines. This study captures to capture the attitudes, knowledge and perceptions that influence migrant workers (internal as well as returnees from overseas) either towards hesitancy or acceptance of this immunization mandate.

Over 2,189 internal migrant workers were surveyed from 10 million-plus migrant-receiving cities (i.e., those having more than a million population as per Census 2011) across India. The cities included Bengaluru, Delhi, Hyderabad, Kanpur, Kochi, Kolkata, Ludhiana, Pune, Surat, and Tirupur. Migrant-dense localities (clusters) within the selected cities were mapped using local knowledge from a network of grassroots organizations and native enumerators. Within each cluster, a combination of systematic random sampling using the snowball sampling technique was applied to identify the respondents. The surveys were conducted over a period of 2 months (December 2021 to January 2022).





## KEY FINDINGS

Key findings and observations are presented below which provide the basis for migrant-specific recommendations and advocacy to ensure migrant workers fully benefit from the National COVID-19 Vaccination programme.

**91.3%**

were aware of the  
COVID-19 vaccination  
programme.

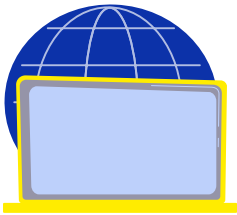
**About 91%**

received their first dose of  
the COVID-19 vaccine.



**97.9%** of the surveyed migrant workers were aware of the ongoing COVID-19 pandemic.

**93.6%** reported practicing COVID-19 appropriate behaviour to protect themselves against the virus.

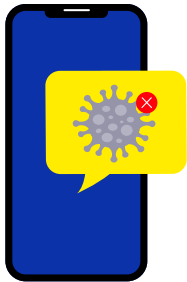


**52.3%**

access their COVID-19 related information from local television news channels.

**48.7%**

of women migrant workers relied on family and friends for pandemic-related information.



**45%**

of men resorted to information received over their mobile phones.

About **17%** of the respondents did not know where and how to access COVID-19 related information.



**83.8%**

wore masks to protect themselves against the virus.

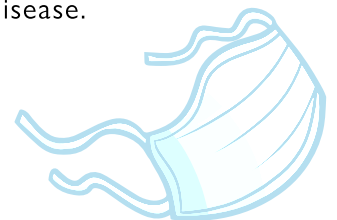
**About 45%**

of respondents felt they are vulnerable to the spread of the disease.



**61.7%**

of women always wore masks.



**40.2%**

of men wore masks.

**80.3%**

of the surveyed respondents spent money out of their own pockets on face masks and hand sanitizer for themselves and their families.

**96.3%** reported testing negative for COVID-19.



**48.6%**

of the respondents got their information from television.



**40.1%**

Most women sought information from their family and friends.



**20.7%**

of both women and men resorted to informal channels such as social media and web-based searches.



**16.6%**

reported not being able to access information in their preferred language.

**85.7%** knew the location of the nearest vaccine administering facility.



OUT OF THE **90.8%** WHO RECEIVED THEIR FIRST DOSE OF THE COVID-19 VACCINE,



**37.3%**

were self-motivated to take the vaccine.



**About 20%**

About 20% women were influenced by family members to get vaccinated.



**About 8%**

of the surveyed were motivated by their employers to get registered and vaccinated against COVID-19.



**44.4%** preferred to directly approach the COVID-19 vaccination center to get a shot without prior registration.

### BARRIERS THAT DELAYED THE VACCINATION

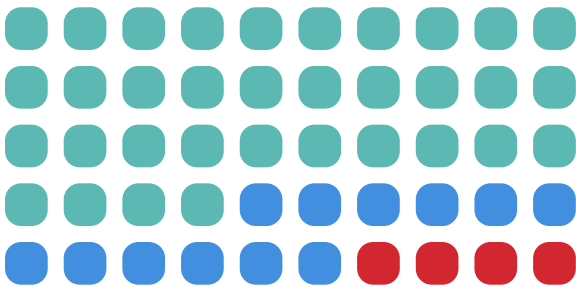


cost of the vaccine (about 10% paid out of pocket).



the requirement for identification documents (14%).

**68.4%** believed the COVID-19 vaccine to be effective.



**22.1%** had difficulties in understanding instructions on vaccine administration at the centres, including reading and filling out forms, following directions etc.

**8.3%** had no confidence in the effectiveness of the COVID-19 vaccine.

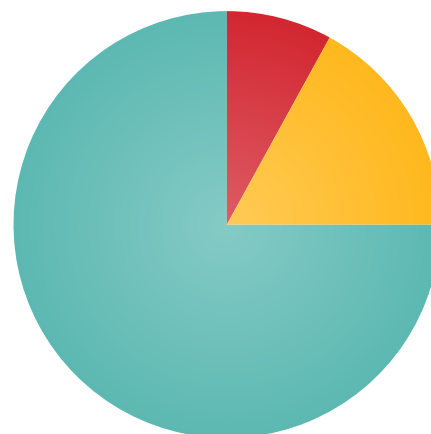
**23.1%** were not sure.

\* 0.2% were the missing cases

Close to **19%** were concerned over the manifestation of adverse reactions and side effects post-administration.



**8%** reported not having the same confidence.



**17%** not sure or could not say

About **75%** of surveyed migrants had confidence in health care professionals.

## KEY RECOMMENDATIONS

Based on the findings of this study, the following key recommendations and action points for a migrant-sensitive and inclusive approach to improve the COVID-19 vaccination reach and coverage amongst the most vulnerable mobile groups in India are highlighted:



**Enhance risk communication and community engagement** through migrant-specific and gender-sensitive interventions and outreach strategies to mobilize the demand for the COVID-19 vaccines.



**Women and gender-diverse migrants** require focused attention to understand their health-related decision-making agency, circumstances during movement, extent of socio-economic participation, the changing role of women in the family and community and the dynamics of kinswomen in migrant households, thereby informing communication strategies necessary to promote easy access to vaccination.



**Building capacity on migration-specific sensitivities** among community health care workers, employers, recruitment agencies and private sector stakeholders in migrant-receiving states on avoiding stigmatization of migrant workers, understanding the various cultural and social needs, as well as building migrant workers' trust in the health and vaccination systems to improve vaccine confidence and acceptance.



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**Potential contribution of the Civil Society** could be leveraged more, as they played a significant role in supporting migrants during the lockdowns and hence can further improve vaccine and vaccine information coverage.



**Develop a deeper understanding** on the perceived risks and benefits, the social processes and norms that drive and inhibit vaccination, precarity and exclusionary factors, and practical factors (availability, ease and extent of access, service quality, respect from providers etc.) that influence decision-making.



**Conduct Population Mobility Mapping** to understand the subtleties, dynamics and patterns of the mobility continuum, thereby supporting resource allocation and strengthening the design and implementation of public health interventions.



**Returnee migrants from overseas locations** should not be left behind in the COVID-19 vaccination outreach efforts. Awareness on credible sources of information on COVID-19 vaccination mandates and national programmes in target host countries should be made part of the reintegration and resettlement initiatives.



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