NATIONAL ENGAGEMENT

COVID – 19 VACCINATION AND MIGRANTS – LEAVING NO ONE BEHIND

Hosted by
International Organization for Migration (IOM)
&
National Institution for Transforming India (NITI Aayog)

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NITI Aayog

IOM UN MIGRATION

UNFPA

PURPOSE

This Report is an outcome of the NATIONAL ENGAGEMENT conducted by IOM.

The opinions expressed herein are of the individual participants and do not necessarily reflect the views of IOM

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Background

The COVID-19 pandemic triggered rapid development, emergency use authorization, and unprecedented collaborative efforts between various stakeholders. As part of the efforts to curb the spread of COVID-19, integrated control and facilitation centres were set up in almost all states to provide all types of COVID-19-related interventions and data.

The COVID-19 pandemic triggered rapid development, emergency use authorization, and unprecedented collaborative efforts between various stakeholders. As part of the efforts to curb the spread of COVID-19, integrated control and facilitation centres were set up in almost all states to provide all types of COVID-19-related interventions and data. Collaborations and partnerships had proved to strengthen the government's efforts in the fight against the pandemic, particularly in providing a full range of services to the most vulnerable populations.

The government of India also constituted a National Expert Group on Vaccine Administration for COVID-19 (NEGVAC) to guide all aspects of COVID-19 vaccine administration in India[1]. The multi-sectoral approach and public-private partnerships, along with the use of technology and robust monitoring systems contributed to reaching the most hard-to-reach with the COVID-19 Vaccination. WHO, UN agencies, and USAID developed courses for various groups focusing on training on COVID-19 vaccine administration, management, psycho-social training, etc. More than 1,80,000 doctors, nurses, paramedics, pharmacists, AYUSH, sanitary workers, police, frontline health workers, and volunteers were trained with the help of these agencies, thus expanding coverage and reach to the interiors and rural areas, as reported by NITI Aayog[2].

After over a year since rolling out the largest vaccination drives in the world, as of April 2022, 60.3% of the total population[3] in India has been fully vaccinated against SARS-CoV-2. However, despite robust and proactive COVID-19 protection communication and vaccine administration by the local and central governments, a range of individual and systemic barriers has affected the motivation and ability to access the vaccines for many vulnerable populations, particularly migrant and mobile groups. No one is safe until everyone is safe. This means that now more than ever migrant inclusive approaches are necessary, particularly with the COVID-19 vaccination programs.

Rationale

Migrant workers are more likely to experience a higher burden of COVID-19 infection and may have a high prevalence of underlying health conditions that increase their risk of severe COVID-19. Evidence has also indicated that migrants experience limited access to quality health care, have suboptimal health-seeking behaviours, and may refrain from trusting healthcare workers. Hence, it is vital to ensure equitable access to health care and COVID-19 vaccines for all groups of migrants. With only finite data and an understanding of the complex barriers to accessing vaccine-related resources, particularly for those who work in the most precarious jobs, many may slip through the cracks of this vital life-saving provision.

1 Kumar, V.M., Pandi-Perumal, S.R., Trakht, I. et al. Strategy for COVID-19 vaccination in India: the country with the second highest population and number of cases. npj Vaccines 6, 60 (2021). https://doi.org/10.1038/s41541-021-00327-2

2 https://www.niti.gov.in/role-indian-innovation-ecosystem-fighting-pandemic

3 https://ourworldindata.org/covid-vaccinations?country=OWID_WRL

Against this background, the International Organization for Migration (IOM) seeks to organize a National Level Engagement with different stakeholders (including NITI, the Ministry of Health and Family Welfare, the Ministry of Labour and Employment, and other concerning ministries, UN representatives, industries, recruitment agencies, research and policy institutions, NGOs and CSOs, etc.) with a broad objective to initiate, contribute and support a detailed analysis of the National COVID-19 Vaccination Programme, particularly looking at the delivery, facilitation, and promotion of the vaccine services among mobile populations.

NITI Aayog has been at the forefront of monitoring and evaluating the response efforts including vaccination-related delivery and established robust methodologies to consolidate good practices from India's States and Union Territories, to inform the best courses of action to amplify efforts across the country. The think tank has always highlighted the importance of collaborative practices that are grounded in our realities and context. Avoiding reinventing the wheel, the dissemination of such practices allows them to learn from each other and help find solutions to common problems. Documentation of initiatives and practices implemented in various sectors and their subsequent sharing is a part of NITI Aayog's mandate.

As migration trends continue to evolve with time and as newer variants emerge, the challenges are likely to increase in complexity, calling for recognizing the potential of developing necessary joint action. That being stated, IOM is therefore poised to support and build capacities of public and private entities and increase coordination between all stakeholders involved in human migration and mobility to improve their quality of life as well as for the revival of the economy. The draft National Policy for Migrant Workers also stresses the health of migrants to reduce long-term health and social costs and facilitate integration.

Thus, the need of the hour is to explore what works and what doesn't and formulate evidence-based practices that ensure migrant and mobile populations are being protected in this fight against the pandemic. The healthier migrants are and remain, the more positively they can contribute to the socioeconomic development of the country. With an enhanced understanding of such behavioural and factorial nuances, comprehensive and inclusive vaccination and protection measures can be formulated starting with a tailored migrant-specific outreach strategy, thus leaving no one behind.

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"COVID-19 Vaccination and Migrants" Study

IOM (in partnership with UNFPA) commissioned a study titled "COVID-19 Vaccination & Migrants – Leaving No One Behind" that explores migrant-specific nuances to capture the knowledge and perceptions that influence vaccine hesitancy or acceptance and determine the extent of access to the COVID-19 vaccines. The study also captures the attitudes, knowledge, and perceptions that influence migrant workers either toward hesitancy or acceptance of this immunization mandate. The study predominantly covers internal migrant workers while a small cohort of international migrant workers who returned to India due to the restrictions and regulations posed by the pandemic were also surveyed to understand the determinants that deter optimal vaccination coverage.

Over 2190 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 include Bengaluru, Delhi, Hyderabad, Kanpur, Kochi, Kolkata, Ludhiana, Pune, Surat, and Tirupur. Data from a sample of 303 international migrant workers were also collected over the telephone as well. The surveys were conducted over a period of 2 months (December 2021 to January 2022) during the third COVID-19 wave. With support from NITI Aayog, IOM seeks to disseminate the findings from the report to relevant stakeholders and partners, to assist in improving the vaccination coverage among all categories of migrant workers across India.

Objectives of the National Engagement:

1. Present the key findings from the study titled "COVID-19 Vaccination & Migrants – Leaving No One Behind" (conducted with technical expertise from UNFPA).
2. State Governments to share the lessons learned while implementing the National COVID-19 Vaccination Programme and solutions used to improve COVID-19 vaccination reach and coverage among migrant workers.
3. Industry stakeholders to share the employer's role in COVID-19 Vaccination and set of actions to support COVID-19 vaccine adoption among their employees.,
4. NGOs and CSOs to share recommendations to improve COVID-19 vaccine confidence and demand among informal migrant workers.
5. Impacts of COVID-19 infodemic on psychological health and vaccine

Session 1: Introduction and Inaugural Session

Welcome Remarks and Special Address:
• Mr. Sanjay Awasthi (Head of Office, IOM India) • Mr. Shombi Sharp (UN Resident Coordinator to India)
Keynote Address:
• Dr. Muni Raju S.B (Deputy Advisor, NITI-Aayog) • Mr. Sriram Haridass (Deputy Representative, UNFPA India)
The theme of the session was:
Launch of IOM's study, titled "COVID-19 Vaccination & Migrants – Leaving No One Behind" and presenting the key findings written in partnership with UNFPA and technical inputs and advice from WHO. The report explores migrant-specific nuances and perceptions that influence vaccine acceptance and reluctance as well as determine the ease of access to the COVID-19 vaccines.

Mr. Sanjay Awasthi
Head of Office, IOM India

Mr. Sanjay Awasthi, Head of Office, IOM India, opened the convening by expressing his gratitude to UNFPA, stakeholders, partners, and participants. He highlighted that during the pandemic we rediscovered the value and importance of migrants to the society and national economy and hence holistically addressing the issue of migrant's health is of utmost priority, which includes their inclusion in the vaccination program.

Additionally, he also shared how it's critical to devise innovative initiatives towards ensuring that they remain safe and healthy. Migration being a dynamic process continues to evolve which makes it more important to formulate evidence-based practice. The nature of their status and mobility across the country in diverse regions makes them more vulnerable to such challenges.

As per previous census data, there was a 98% increase in the migrant population in the state of Tamil Nadu alone. 43% of the people are considered migrants. A similar scenario is present in other states as well. He applauded the union and states govt for their efforts in implementing the largest vaccination campaign in the history of humanity to date.

It's due to such initiatives that as of June 2022, 196 crore vaccine doses and four crore booster doses were administered to ages twelve and above. This landmark achievement will not be possible without the demanding work of the state and union governments in implementing the COVID-19 vaccination campaign. Despite the growing number of populations getting vaccinated a sizeable percentage of the adult population in India remains unvaccinated. Therefore, it is critical to identify the barriers. He also mentioned how while working together UNFPA & IOM recognized the need to conduct a nationwide study amongst migrant communities to identify the key factors behind vaccine hesitancy, acceptance, and accessibility amongst the migrant.

While the pandemic hampered patterns of migrant mobility and burdened the existing public healthcare systems in India, it allowed us to improve management frameworks and existing systems in place. Migration as a social determent can potentially impact the health and well-being of the individual and we must recognize its value.

The idea of "Leaving no one behind" remains a core principle of the UN Sustainable Development Goals (SDG) of 2030 and it encourages both state and non-state actors to integrate the needs of migrants into international policies, plans, and strategies across sectors as well as geographies in sync with the 17 UN SDG goals. He concluded by reiterating the crucial need for a comprehensive approach towards migration.

Mr. Shombi Sharpe
UN Resident Coordinator in India

Mr. Shombi Sharpe, the UN Resident Coordinator to India, opened his keynote address by congratulating the Government's leadership for successfully vaccinated 2 billion people within the country. He applauded the initiatives of pharmaceutical companies, community-level door-to-door action, Anganwadi workers, etc. The India-made COVID-19 vaccine i.e., COVAX was a success at a global level as well. It was donated to UN Peacekeeping missions.

He mentioned the principle of leaving no one behind unpack barriers for migrants slipping into the cracks. Inclusion, therefore, is fundamental from the problem set to the solution-setting approach. In the end, he concluded by highlighting how India plays an extremely critical role in achieving UN SDG targets at an international level. Half the global SDG targets are centered in India, it won't be possible to reach the UN SDG targets by 20230.

Dr. Muniraju
S B, Deputy Advisor, NITI Aayog

Dr. Muniraju S.B., Deputy Advisor, NITI-Aayog, appreciated the combined efforts of the UN organizations in India. IOM strives for the welfare of migrant workers, particularly the most marginalized workers. He explained how leaving no one behind is one of the key SDGs and the Prime Minister's focus and mantra "Sabka Saath Prayaas aur Sabke Vikaas" सबका साथ सबका विकास i.e., a remarkable call to the country and commitment to inclusivity.

He mentioned that almost 80% of the migrant population is vaccinated mainly only through civil society organizations. Those migrant workers are engaged with construction labourers, vendors, and agriculture labourer communities. The state governments who are the backbone of this mission are continuously working,

particularly the health and labour department to sensitize the communities and have the required human resources as well as resources for the vaccination. Especially the funds available for the State Construction Workers Boards have provided a huge amount of funding for the migrant worker's vaccination. They seek to support not only the vaccination of workers but also the overall development, which is urgently required. They provide scholarships to children and thus provide education along with other amenities to migrant workers' families. He shed light on how the study done by IOM has produced particularly good suggestions as well as strategies to focus on the overall vaccination drive.

Mr. Sriram Haridass
Deputy Representative, UNFPA

Mr. Sriram Haridass, Deputy Representative, UNFPA, began his speech by stating the global percentage of migrants. As per current international estimates, there are 280 million international migrants today, on top of that there are also an estimated 763 million internal migrants so if the two numbers are added there are currently almost one billion migrants today in the world. So, to put it differently, one out of the seventh person today in the world is a migrant. He highlighted the need to recognize migration which is being driven by climate change, demographic changes, conflict, and the quest for overall economic development as a megatrend of our time. He believes its high-time migration gets the importance and urgency it deserves.

As we know, the drivers of migration are a deeply complex phenomenon and are specific to each country and in India's context, it varies from state to state. In fact, also specific to individuals because it symbolizes a simple hope and aspiration that life will become better. He stated UNFPA's strong commitment to the drivers of migration and believes in the "migration should take place by choice and not by necessity" motto. These also include employment, fair wages, affordable housing, healthcare, and education should be available to everyone including migrants and that also includes equitable access to COVID vaccine as well. We know how severely COVID-19 impacted the migrant workers and brought out the vulnerabilities and magnitudes of the migrant population to the forefront. This resulted in creating space for discussion and action around the topic of migration.

The inaugural session ended with the launch of IOM's study titled "COVID-19 Vaccination and Migrants – Leaving No One Behind" report by Mr. Sanjay Awasthi (Head of Office, IOM India), Mr. Shombi Sharp (UN Resident Coordinator to India), Dr. Muni Raju S.B (Deputy Advisor, NITI-Aayog), Mr. Sriram Haridass (Deputy Representative, UNFPA India), Mr. Oscar Mundia (Chief of Mission, UNHCR India), Dr. Sumantra Pal (Economic Advisor & Joint Secretary, MoWCD) and Dr. Sachin Desai (State Immunization Officer, Maharashtra).

Session 2: Key Findings and Recommendations - "COVID – 19 Vaccination and Migrants: Leaving No One Behind"

Speakers:

1. Dr. Sanjay Kumar
   Population Dynamics & Research Specialist, UNFPA
2. Dr Suraksha Chandrasekhar
   Senior Project Assistant, IOM

In this session, the key finding of the COVID-19 vaccination report was jointly presented by IOM and UNFPA.

Dr. Sanjay Kumar, Population Dynamics, and Research Specialist, at UNFPA, introduced the study by first providing a background of volume, patterns, and characteristics of internal and international migration in India, as well as the progress of the National COVID-19 Vaccination Programme. He detailed the objectives and goals set for the research, which was to explore the key drivers affecting vaccine accessibility, hesitancy, and acceptance among migrant workers, with a closer look at gender gaps that further perpetuates complex barriers. He then proceeded to explain the methodology and sampling frame used – a sample of 2189 internal migrant workers from 10 million plus migrant-receiving cities across India, and 303 international returned migrants over a span of 2 months. Using the local knowledge of civil society organizations who closely worked with migrant workers to identify clusters and then using random sampling and snowball technique, face-to-face surveys were conducted. Telephonic interviews were conducted for the 303 international returned migrants. All ethical considerations were considered during the surveys. The methodological limitations include the lack of availability of a comprehensive sampling frame of migrant workers, limited distribution of key characteristics, and representativeness.

Dr. Sanjay Kumar
Population Dynamics & Research Specialist, UNFPA

Dr. Sanjay Kumar then proceeded to present the key findings of internal migrants from the study. The survey was taken by 22% women and 78% men respondents, predominantly between the age group of 25-44 years of age. One-third of the respondents had a secondary level of education, followed by primary and no education, which may be indicative of the respondents being low-medium skilled workers and vulnerable to working in the informal sector. Most of the women were employed in the garment industry, while their male counterparts were casual or self-employed workers. All respondents had good access to features/smartphones and the internet.

An overwhelming majority of the respondents (98%) were aware of the ongoing COVID-19 Pandemic and nearly 83% were aware of the common presenting symptoms of the disease – however, 33% of men and 14% of women did not know of the symptoms of COVID-19 infection. Most received their information from news media, social media, and close family & friends. Around 94% practice COVID-19 Appropriate Behaviour (CAB), with make use being around 82%. It was noted that women (61%) reported having worn the mask always compared to men (40%). Respondents also reported that lack of proper communication from employers on CAB, difficulty in maintaining social distancing at the place of work, and language barriers were predominant barriers faced while practicing CAB.

Around half of the sample did take the COVID-19 diagnostic test, some more than 2-3 times. However, 96.3% reported testing negative for COVID-19, but 12% reported that a close associate or family member they know tested positive. About 91% knew about the ongoing vaccination program, the location of vaccine administration centres, and that the COVID-19 vaccine is administered for free, but many were unaware of the eligibility criteria for getting vaccinated. Most identified that lack of information in their language and difficulty in understanding instructions as barriers. Walk-in registrations at vaccine administering centres were preferred rather than registering on the CoWIN platform.

Close to 91% of the respondents received their first dose while 66% received their second dose. Most informed that all eligible family members, particularly women family members were vaccinated as well. However, concerns over side effects from receiving the vaccine were raised by the respondents. Factors that delayed vaccine administration include the cost of the vaccine (despite the vaccines being free, many were asked to pay an amount for the vaccine), including opportunity cost (loss of workdays and travel costs). Lack of documentation and lengthy registration procedures were also significant barriers faced that were reported. Most were motivated by family members and friends to take the COVID-19 Vaccine. Regarding concerns over the effectiveness of the vaccine, 8% were unsure if the vaccines effectively protected them against the virus.

Dr. Suraksha Chandrasekhar, Senior Project Assistance, IOM, further highlighted the key recommendations. She explained that the insights gathered from the survey could inform a range of specific and comprehensive outreach strategies to mobilize the demand for the COVID-19 vaccines. Focus group discussions with migrant worker communities could help deepen the understanding of information barriers, such as access to media, smart mobile technology, signal strength and electricity, the scope for preferred and trusted communication channels, and critical assessment of information gaps and needs.

Dr. Suraksha Chandrasekhar
Senior Project Assistant, IOM

Therefore, a participatory approach with migrant workers to develop migrant-inclusive, accessible, culturally appropriate, linguistically adapted, literacy-attuned, accurate, timely, and user-friendly key messages, and information to build vaccine confidence and demand, as well as counter misinformation. Regularly reviewing and updating communication plans and strategies to adapt to the evolving situation needs to be prioritized. Furthermore, policymakers and communication personnel should be encouraged to work with migration subject matter experts to develop and adopt a uniform public-health alert system and protocol.

Vaccine-specific needs of different subgroups of migrant women and gender-diverse people need to be identified, such as baseline data on factors determining

independent migration journey occupational categories and conditions, role as remittance senders, vulnerability and exposure to different risks throughout the mobility continuum, health decision agency, changing role of women in the family and the community in India. She also stressed the needs of women in migrant households, who remain mostly invisible in studies on migration. Their circumstances during movement and the extent of participation in health decision-making and economic activity are required.

Capacity building and training among community health care workers, particularly within migrant-receiving states, particularly on migrant sensitivities, preventing stigmatization of migrant workers, understanding cultural and social needs, building migrants' trust in the systems, and strengthening capacity to address issues raised by migrant workers. This should also be extended to employers, recruitment agents, and private-sector stakeholders. The vaccination program implementation must integrate with civil society and grass-root level organizations with good outreach to migrant communities. Call for concerted efforts between civil societies and the government to regularly exchange knowledge and practices and expand outreach with all categories and subgroups of migrant workers.

A deeper understanding of overall decision-making capacity, social processes and norms that drive and inhibit vaccination, safety, and trust factors, precarity and exclusionary conditions, and practical factors (availability, service quality, the attitude of providers, etc.) are critical. Such data would support advocacy efforts by and for migrant communities to ensure necessary services are in place to enable vaccination. Dr. Suraksha Chandrasekhar further pointed out that population mobility mapping is very important to support resource allocation, strengthen the design and implementation of public health interventions, and understand the subtleties, dynamics, and patterns of the mobility continuum (not just for internal, but international migrants as well) and generate a database in addition to available in-country population statistics.

Session 3: The Way Forward: Equitable Delivery, Access, and Utilization of COVID-19 Vaccination Services.

Theme:

Implementation of National COVID-19 Vaccination Programme: Lessons learned and solutions to improve COVID-19 vaccination reach and coverage among migrant workers.

Chair: Dr Muniraju S.B, Deputy Advisor, NITI Aayog

Moderator: Prof. P.C. Joshi, Former Vice Chancellor, University of Delhi

Speakers:

State Representation:

1. **Dr. Tshering Doma Bhutia,**
   Additional Director, State Immunization Department, Sikkim
2. **Manisha Mandal,**
   Representing the State Department of Health, Punjab
3. **Dr Puneet Jaitley,**
   State Immunization Officer, Delhi
4. **Dr. K Vinay Kumar,**
   Joint Director, Immunization, State Health Department, Tamil Nadu
5. **Dr. Sudhira**
   State Immunization Officer and Additional Director, Telangana
6. **Dr. Sachin Desai**
   State Immunization Officer, Maharashtra
7. **Mr. L. Chaturvedi,**
   Deputy Commissioner of Labour, Telangana
8. **Dr. Shailendra Pol**
   Deputy Commissioner, State Labour Department, Mumbai

State Governments

Prof. P.C. Joshi
Former Vice Chancellor, University of Delhi

Prof. P.C. Joshi explained the focus of this session on the "invisible population" i.e., people often left behind. While differentiating between refugees and migrants based on their reasons for relocation, Prof. Joshi stated that this population, due to the unstable nature of the movement, requires a lot of care. He praised the actions taken by the UN organizations towards protecting and assisting this population, in partnership with the Government and Non-Government bodies. Prof. Joshi advanced his appreciation of IOM's COVID-19 vaccination report indicating no gaps in the awareness and administration rates (both marked at 91 percent), thereby celebrating India's relentless efforts and the success of the COVID-19 awareness campaigns. Prof. Joshi also highlighted India's remarkable achievement in developing vaccines against COVID – 19 in less than 9 months and accomplishing the 2 billion dose mark in just one and half years.

Sikkim

The first speaker, **Dr. Tshering Doma Bhutia** started her presentation by providing a brief geographical, social, and economic description of the state of Sikkim. Later, Dr. Bhutia explained the state's efforts in combatting the virus. Sikkim started the vaccination process for people without ID cards in the month of June 2021 and within a month, they had vaccinated almost 40,000 beneficiaries encompassing migrant workers involved in all categories of work including tailors, barbers, carpenters, travel guides, construction workers, tea garden workers, etc. as well as the central paramilitary and police forces including SSB, ITBP, NSG, and CRPF. This drive was executed in collaboration with the State Labour Departments, Panchayats, and Gangtok Municipal Committees. Vaccinations for people employed by the state's 21 top pharma companies from neighbouring states, were carried out by Sikkim's only private hospital 'Manipal'. The National Hydroelectric Power Corporation (NHPC Pvt. Ltd), taking advantage of its presence in all four districts took up the responsibility of vaccinating the migrant workers. Further mobile teams were created to vaccinate the monks in monasteries. The State also deployed a dedicated health worker team for the vaccination of all the prisoners including the ones without proper ID cards.

Dr. Bhutia concluded her presentation with the phrase, *"Migration is an expression of the human aspiration for dignity, safety, and a better future. We cannot and should not stop people from migration".*

Punjab

The next speaker was **Ms. Manisha Mandal**, representing the Health Department of the State of Punjab. Ms. Mandal acknowledging Punjab state's efforts during the COVID – 19 pandemic said, *"the state departments work has been a long way, starting from 2020 preparing dry run, etc till achieving 98 percent of first dose coverage."* Further providing the statistics, Ms. Manisha said that to date Punjab has covered 4 crore people with the first dose, amounting to 98 percent of its population, while the second dose coverage is 83 percent, and around 7.15 lakh people have also been administered with the precautionary dose. The state has also started vaccinating children between the ages of 15 – 18 years and 12 – 14 years with the first dose coverage of 76 percent and 37 percent respectively. The administration of vaccinations against the coronavirus started on 16th Jan 2021, as per the government guidelines. This journey was not easy and was faced with misinformation leading to vaccine hesitancy, eagerness, acceptance, and indifference. She further claimed that this achievement was based on effective governance mechanisms from the national to state levels. Every fourteen days a State Steering Committee headed by the Chief Secretaries and State task force headed by the Principal Secretary of Health and joined by other line departments and administrative heads, a district task force headed by District Magistrates, and sub-district blocks by Sub Divisional Magistrates. Ms. Mandal applauded the Punjab Governments' efforts stating, *"our pillar of success was the governance mechanisms, that were in place with active collaboration and strong inter-sectoral coordination."*

Manisha Mandal
Representing the State Department of Health, Punjab

She further added, the government strategically implemented the vaccine drives, by prioritization of beneficiaries based on the vaccine supply and leveraging the provisions of the COWIN portal. Initiatives like close by CVCs, Mobile camps, and Har-Ghar Dastak 1.0 and 2.0 were introduced and implemented. The Government, through the provision of one personal identity available on the COWIN portal, also conducted vaccinations for people without identities including nomads, prison inmates, old age homes, inmates in mental health institutions, homeless populations, and people in rehabilitation centres were implemented. Further, the State Government leveraged the existing Intensive Mission Indra Dhanush (IMI) campaign and polio campaigns to accelerate the vaccination drive.

The Government started the provision of on-site registrations via telephone, and, utilizing technology, developed a user-friendly application in the regional (Punjabi) language for easy self-registration for beneficiaries. There was a sub-categorization of almost 10 Lakh eligible beneficiaries on the COVA portal, based on their occupation for more intensive coverage. Additionally, the mobilization of beneficiaries played a crucial role. In collaboration with NGOs and CSOs activities on spreading awareness by addressing the reasons behind vaccine hesitancy and eagerness, as well as countering misinformation, supporting mobilization, and supporting operations at vaccination sites were conducted. "Incentives for Asha for mobilization was a very important tool and a strategy to keep the healthcare workers or human resource motivated to conduct such a large-scale campaign." Cohort registration to facilitate registration of the incoming people on digital platforms was done. Strong IEC activities were developed to raise awareness. Hoardings were placed on buses, rickshaws, and Gurudwaras. Due door reminders were sent, and call inquiries were made from the Punjab State Health Emergency, to understand the hesitancy behind taking vaccine shots. Further Central Vigilance Commission (CVC) information was advertised in newspapers and other social media platforms to aid connect the beneficiaries to their nearest CVC.

Answering the moderator's query on special efforts made for migrant workers in the fields, Ms. Mandal said, special CVCs were established for industrial workers and vaccinations for workers in the fields were facilitated by the community for vaccination. When returning to the fields, many migrant workers had completed the first dosage at their hometowns (mainly UP and Bihar) and the second doses were ensured by the State of Punjab. Adding to it, **Dr. Rakesh** further stated that the State of Ludhiana observed the vaccination coverage of 1st dose was 110 percent. To achieve this success the deputy commissioner, labour department, and industrial department strategized and organized camps in each nukkad and industry.

Delhi

Dr. Punit Jaitley, representing Delhi State Government, started the presentation by explaining the segment of migrant workers targeted by the Delhi Government. He further explained the Government of Delhi set up pink booths in every district for ease of vaccination for women. The Delhi government initiated free vaccine dosage to everyone and is reimbursing the costs to the Government of India. Dr. Jaitley further stated that Delhi has covered 111 percent of its population with the first dose vaccine, 11 percent of which are migrant workers. The second dose coverage is 95 percent, with a belief that the remaining 5 percent have either migrated to other neighbouring states or have been vaccinated under different phone numbers. Also, the teams dispersed at districts and fields have been following up with people due and overdue for their vaccine doses. Between the 15 to 18 years and 12 to 14 years age group, the COVAXIN doses were administered at schools and the government aims to cover the deficit once the schools re-open.

Mr. Jaitley further applauded the support of multiple agencies and the intersectoral coordination of different departments to carry out this massive drive. He stated

that this is a shining example of how collaboration and coordination can help achieve success in the rollout of any new health initiatives. He said, *"during this drive a lot of things were unprecedented"*, he continued stating how lots of sites were set up in the dispensaries and RWA's, and vacant classrooms during the peak of lockdown were also utilized to vaccinate as much population as possible. The Cohort of 12 to 18 years was targeted to be vaccinated on the school premises. Micro level planning for mobilization was done by ASHA and Anganwadi workers.

Dr Puneet Jaitley
State Immunization Officer, Delhi

The Government started, Jahan Vote Waha Vaccination Campaign taking the help of the voter's list that included everyone above the age of 18 years. These sessions were held at the voting sites near their residences and the booth-level officers were mobilizing these beneficiaries to these voting centres. Dedicated vaccination centres/ sites were created for people with disabilities, home delivery agents, international travellers, pregnant and lactating women, and housemaids who are mostly migrant workers.

Other initiatives included mobile buses – vaccination on wheels (especially for Jhugi areas and Market place clusters), drive-through vaccination, near-to-home vaccination, and uber drive-free transport for vaccination up to Rs. 150 per ride for everyone who could not afford transportation. IEC materials were displayed across Delhi. All organizations inclusive of DMA and Ops-Gynae Federation were involved in spreading awareness through IEC and the percolation of messages. These messages were developed in all the major languages of the region, - Hindi, English, Urdu, and Punjabi. Further, the left-out beneficiaries were searched out by ASHA and Anganwadi workers and were mobilized for vaccination. Civil Defence volunteers and religious leaders were involved in advocacy to cover all segments of society. Special efforts were made to vaccinate homeless populations and many mobilization strategies through using of public transport were implemented to reach this portion of the population. Migrant workers were vaccinated within factories through market associations. Periodic state review and coordination meetings under the chief secretary and secretary were held to monitor the situation. Mr. Jaitley closed the presentation by appreciating the Har Ghar Dastak 2.0 campaign with which the state has achieved a good number of precaution dose administrations.

On being asked by the moderator regarding certain difficulties/ bottlenecks faced during the whole campaign and special efforts made by the State to overcome those challenges, Mr. Jaitley replied saying that during the initial days one of the main bottlenecks was the low availability of vaccines, as per the pace the state was vaccinating its people, which also created a delay in the process. To overcome this, the Delhi Government started to purchase vaccines directly from the manufacturers. Another challenge was related to the hesitancy in taking the precaution because it's not free of charge. Considering this, the Delhi Government took the charge of itself by making vaccination doses free for all and reimbursing the GoI for every dose it administered.

Tamil Nadu

The next speaker was **Dr. K Vinay Kumar**, from Tamil Nadu. Dr. Vinay thanked the organizers for providing this discussion platform for sharing the challenges of this ongoing process of vaccination against COVID – 19. He shared that the quick response Tamil Nadu must adhere to every guideline issued by the Government of India stating the political commitment to immediate action for public welfare. He shared all the inaugural dates for each initiative in Tamil Nadu. He cited the example of vaccination for pregnant women, the guidelines for which were issued by the GOI on 2nd July '21 and Tamil Nadu started working on the same from 3rd July '21. He further shared that as of 24th June 2022, India has covered the vaccination administration of 16.5 percent of the global population. Further sharing the brand-wise vaccine performance in the State, Mr. Vinay revealed that the State of Tamil Nadu has successfully vaccinated 11.37 crore eligible beneficiaries.

Dr. K Vinay Kumar
Joint Director, Immunization, State Health Department, Tamil Nadu

Sharing the challenges, Mr. Vinay mentioned that although the best indicators in the health department are periodically shared with neighbouring states, the state did witness a lack in the vaccination acceptance rate as compared to other states. He remembered that during the initial days Tamil Nadu stood as the last four states in the vaccination perspective with an initial per day average of around 61,000, which was lower than the GOI's expectations. However, today the per day average of vaccine administration stands at approx. 2.57 lac. Additionally, with the reopening of schools, the State also plans to continue vaccinations of children in the schools with Covivax.

Mr. Vinay also shared some challenges faced by the State during the vaccination drive. He described that since vaccination is voluntary, it was difficult to convince people to get take the shots. This hesitancy amongst people soon shifted to becoming vaccine avoidance, where people, considering the declining rates of COVID – 19 infection escaped vaccinations. Additionally certain adverse events following immunization for example the death of a Tamil comedian Vivek, after taking the vaccination furthered this vaccine hesitancy and avoidance amongst people. Media hype and vaccine wastage were some other reasons. To overcome these challenges the government started to segment people. First came the workplace vaccination where special immunization sessions were held at industrial sites linked to private hospitals. This was done in coordination with the Joint Direction of Industrial Safety and Health (DISH).

To provide free vaccination to industrial workers, the government turned this into a CSR activity. Citing the example of the Apollo – Ford collaboration, he explained that the company would then pay the amount of vaccination and linked hospitals would procure them to immunize factory workers of that industry. The government also strategically implemented the Tamil Nadu Public Health Act, of 1939, which made vaccination a requirement for entering closed premises like hotels, etc. this was implemented for 5 months, however, later after the Supreme Court's judgement this step was withdrawn. One of the primary reasons cited by Mr. Vinay related to the immunization of migrant workers was insufficient data availability. However, the State gathered data from all the industries department for the same. Mega vaccination camps were set up to target migrant workers and vulnerable populations. These camps were set up in coordination with various local and government administrations, UN organizations like the WHO and UNICEF, and other CSO/ NGO partners. Started in September 2021, 30 camps have been set up to date vaccinating almost 46 percent of the targeted population.

Door-to-door immunization was accelerated through the HAR GHAR DASTAK 1.0 and 2.0 campaigns. Further the school vaccination campaigns were enhanced with the help of the *Rashtriya Bal Swasthya Karyakram* (RBSK) team and **Mobile Medical Units** (MMUs), which led to 90 percent more coverage among children[4]. Lastly, he emphasized the notion of vaccine equity and demonstrated that considering the pan-India nature of this initiative, the Tamil Nadu Government is providing vaccinations to everyone within its boundaries irrespective of their state of origin and nature of stay in the State. In the end, Dr. Vinay concluded by saying that *"vaccine equity is the fastest way, and no one is safe unless everyone is safe."*

Responding to the remarks by the moderation Dr. Vinay further iterated that language was also found as one of the barriers especially in managing 2nd dose records. The government's initiative for Inter State Migrant Workers involved carrying out labour MMUs sponsored by the Construction Workers Welfare Board. One mobile unit is run for the state and in Greater Chennai Corporation, each zone is allotted one mobile unit (a van), which are operational for the last one and half years for vaccination

[4] 12 – 14 years and 15 – 17 years.

of ISMWs. These mobile units were mobilized to cover the unorganized workers with the help of NGOs and Trade Unions. He concluded by apprising the stand alone department the Government of Tamil Nadu has for the health and safety of unorganized workers.

Telangana

The next spear was **Mr. L Chaturvedi** from the labour department of the State of Telangana. Mr. Chaturvedi expressed that the State Labour Department was actively involved in the welfare of the ISMW throughout the vaccination drive. The State Labour department identified the ISMW through their field functionaries, that were present in the State. The focus of the Labour Department was on Brickkiln workers who mostly migrate from Odisha, working in 719 Brickkiln establishments within Telangana. This collected data was shared with the DMHOs of each district. Based on this information, immediate actions in the form of vaccination camps were set up and 180 mobile vans were deployed for their immunization. The Health Department further issued Government Order (GO) no. 38 under which four task forces were formed. This activity also saw the involvement of various State Departments, NGOs, and other relevant stakeholders.

Mr. L. Chaturvedi
Deputy Commissioner of Labour, Telangana

The Labour Department also identified workers employed in construction and rice mills and directed their employers to facilitate vaccination. Further, the enforcement deputies directed all contractors to facilitate vaccination of the ISMWs, and submission of these vaccination certificates was made mandatory to procure contractor licenses. Mr. Chaturvedi further discussed his meeting with the Bharat Biotech HR team and appraised the audience with the nasal vaccination invention of the company. He shared that it is in its 4th stage and shall be available at low costs. There was the active involvement of the state judiciary in monitoring the situation, which led to effective on-ground implementation. Many NGOs filed PILs in the Supreme Court for effective implementation of labour laws and coverage of ISMW in the vaccination drive. The Police Department also played a key role in this drive and rehabilitation of workers to nearby places. The Telangana Government constituted helpdesks and vaccination centres at railway stations and other prominent areas. For the safe repatriation of the workers, as per the directions of the State High Court, rehabilitation centres were established near Secunderabad and Nampally railway stations, and doctors were deployed in these locations. Special provisions for the care and assistance of women migrant workers were made, and pregnant and lactating mothers were with the help of ASHA workers and other medical staff.

Dr. Sudhira
State Immunization Officer and
Additional Director, Telangana

Dr. Sudhira, State Immunization Officer and Additional Director for Planning took over from Mr. Chaturvedi to brief us on the Health Department's initiatives towards the vaccination drive. COVID – 19 vaccinations officially started on 16th Jan 2021 in Telangana, as per the GOI directives however the preparations for effective implementation started in December 2020. She mentioned that up till the day of this engagement the State Government of Telangana has administered almost 6.39 crore vaccination doses. Further, around 1000 government vaccination centres

and 1300 private vaccination centres were established and more coverage rates were observed with the government centres (approx. 5.95 crores) as compared to private centres (approx. 43 lakh).

All the healthcare vaccination activities were spearheaded by the Chief Secretary, along with the Secretary of Health and District Collectors and DHMOs of 33 districts. The first dose coverage in all the districts is now 100 percent for adults, 97 percent for children aged between 15 – 17 years, and 90 percent for children of age group 12 – 14 percent Coverage for second doses is also very high, with almost 100 percent among adults, 87 percent amongst children of 15 – 17 years age group and 70 percent for the ones aged between 12 – 14 years. A plan of action has been created with the Secretary of Education to cover the remaining within 15 days from the reopening of schools and colleges. Dr Sudhira confirmed that due to a decrease in the number of cases, Telangana is facing a certain level of hesitancy towards vaccination. Regardless, the State is taking every action for the safety of its citizens. Dr. Sudhira further iterated that this wonderful convergence with all the line departments, various ministers of the State, secretaries, and all other relevant stakeholders helped achieve this massive coverage within the state.

She further shared some challenges faced during the initial days of the vaccination drive. She stated that there was a huge vaccination demand during the first phase of the vaccination roll-out, these were incidents of gate crashes, unrest, and panic among people. To overcome these hurdles, the state categorized beneficiaries into 45 groups based on their occupation and strategized to provide vaccines on a need's basis. These activities were inclusive of migrant workers and other labour populations. For migrant workers specifically, lists were prepared by departments at the 'Mandal' level and special days were planned to carry out door-to-door immunization acts. This activity was planned to reduce any chances of wage loss, remove extra travel costs as well as include women and children who are often left back home. Similar initiatives were taken for other marginalized populations including people with disabilities and elderly populations. Additional to these activities, HAR GHAR DASTAK was launched to ensure vaccination equity and availability for all. Students returning from other countries were reached out with the help of the COWIN Portal and were put on the priority list for vaccination. Apart from 200 mobile teams, the Government was also running three 24X7 covid vaccination centres in the city of Hyderabad to provide the comfort of time and convenience to all workers. Dr Sudhira concluded by appreciating the State's efforts and thanked the organizers to provide this platform to share her State's good practices.

The moderator also applauded the State unity amongst different line departments and congratulated for this massive success of this drive, administering almost 64 million vaccines.

Maharashtra

Dr. Sachin Desai, State Immunization Officer from Maharashtra, was the next speaker. Dr. Sachin Desai started his presentation by sharing that the State of Maharashtra has reached a total number. 17 crore vaccination coverage to date out of which 9 crores people received their first dose, out of which 7.5 crores received their second dose and nearly 35 lakhs have now taken their precautionary doses. He further shared that in the COWIN app there is no categorization of migrant workers, therefore, the state did not have any specific data on the same, however, the total figures are proof that migrant workers made part of the beneficiaries during the vaccination drive. He continued providing the geographical and economic situation of the State including the migration patterns observed in the country. He further shared that the State Health Department, with the help of the Government of India, partnered with JSI India for effective implementation of the M-Rite project[5]. JSI assisted in identifying 4 – 5 NGOs working in the field of migration. These NGOs are actively working in 19 districts as well as in cities observing crossings of National Highways that work as major halting points for migrants, truckers, and other vulnerable people on the move. Key stakeholders were involved in planning, strategizing, and executing activities for the migrant population. There was an intensive implementation of Behavioural Change Communication (BCC) activity, that addressed the challenges faced by the mobile population of migrants and truckers viz. time constraints to visit the vaccination centres for inoculation, by reaching them at their workplace and address vaccine hesitancy. Further sensitization and

[5] MOMENTUM Routine Immunization Transformation and Equity.

capacity-building workshops were conducted with employers and industry associations and truckers' associations that employ a large number of migrant workers. Other Mid-Media strategies like pictorial approach, announcements, street plays, jingles, etc were executed to enhance awareness amount the targeted groups. Vaccination camps were also set – up in-migrant company premises such as fuel stations, dhabas, and trucking halting points like logistics hubs, etc.

Dr. Sachin Desai
State Immunization Officer, Maharashtra

Mr. Desai while sharing some challenges faced during the vaccination drive, explained that during the initial days there was a mismatch in the number of vaccines available and the beneficiaries' requesting vaccines. To overcome this hurdle, the state categorized beneficiaries based on their occupations and professions for example factory workers, truckers, migrants, brick kiln workers, and sugarcane workers, and started the inoculation procedure. Up till yesterday, the vaccination numbers of beneficiaries from these categories have reached 9042. Through on-site vaccination camps, the state also tried to overcome vaccine hesitancy among people. The planning for these on-site camps was done by the Medical Officers at the local PHC. On observing a great response to this initiative, Bharat Petrol Pump management permitted an extension for vaccination for 3 more days at their facility which led to the vaccination of 175 beneficiaries in total. Mobile vans were also deployed for vaccination at work sites. He later shared the vaccination data in percentage, stating the state has covered around 93 percent of first-dose vaccination amongst adults, and 77 percent of second-dose vaccination administration. Looking at the numbers, he further elaborated that some level of hesitancy is still observed amongst the people of Maharashtra and the government is taking all measures to extend its outreach to all people within its boundary.

Audience questions:

1. *Due to the pandemic, there was reverse migrations, what role does village-level institution play in terms of migrants moving back to rural areas should play and making sure their vaccine coverage is good?*

Dr. Muni Raju addressed the question by highlighting the Governments immediate response by providing employment opportunities through MGNREGA and skills training. It was also civil societies that stepped in to provide necessities such as food, shelter, sanitizers, masks, etc. to returning migrant workers. Most worked very closely with the district and state administration to create jobs locally, distribute food, and health check-ups and attend to other needs of migrant workers, particularly in rural localities. UN Agencies across India, in collaboration with civil societies, significantly contributed to providing the necessary aid to migrant populations during the pandemic. Therefore, a combination of all stakeholders is essential for a holistic response to this pandemic.

Ms. Manisha Mandal and Dr. Vinay Kumar further echoed the important role ANM workers play in ensuring that 100% vaccination is achieved in each block within their designated locality via the Cowin platform, and the challenges they face in reaching every household including migrant households.

2. *There is a substantial number of immigrants (from Afghanistan, Nepal, etc) in India. The national passport is recognized as an identity proof to register for the vaccine, however, not everyone, for instance, citizens from Nepal, has a passport and their national ID cards are not recognized as valid document for vaccination.*

Dr. Punit Jaitley responded that initially, this was an issue where those without valid documentation could not be vaccinated. However, recently this requirement was removed, and all individuals can now receive the vaccine without an identity card. The state government of Delhi has vaccinated individuals without having documentation from Afghanistan, Nepal, Pakistan, Bangladesh, etc, particularly those living closer to the borders and will continue to do so.

Concluding remarks

In the last two years, tremendous efforts have been taken to maximize COVID-19 vaccine coverage. State and district governments, as well as civil societies and other agencies, have been commended on their efforts. However, the barrier currently lies in the fact that individual behaviours and perceptions are the most significant barriers that delay 100% coverage. Communication leading to behavioural modification and change is the need of the hour.

Session 4: Factors Behind Vaccine Reluctance & Acceptance

Theme:

Factors Behind Vaccine Reluctance & Acceptance: Recommendations to improve COVID-19 vaccine confidence and demand among migrant workers. Impacts of COVID-19 infodemic on psychological health and vaccine hesitancy.

Chair: Dr. Sumantra Pal, Economic Advisor & Joint Secretary, MoWCD

Moderator: Dr. Sanjay Kumar, Population Dynamics & Research Specialist, UNFPA

Speakers:

1. Ms. Rohsni Nuggehalli,
   Youth for Unity and Voluntary Action (YUVA) Mumbai
2. Ms. Anjali Borhade,
   DISHA Foundation
3. Ms. Mandira Kalaan,
   Purpose India
4. Dr. Arpana Joshi,
   Tata Institute of Social Sciences
5. Dr Shantanu Pramanik,
   National Council of Applied Economic Research (NCAER)
6. Dr. Benoy Peter,|
   Centre for Migration and Inclusive Development (CMID)
7. Mr. Prateek,
   Jan Saahas

CSOs' and NGO's representation

Before starting the third session, **Mr. Govind Mukundan** shared information about Verified, a global program initiated by Purpose (a CSO Partner of IOM India). Verified is a collaboration between the United Nations and Purpose. Verified is a global communications infrastructure specifically designed to address misinformation on COVID – 19 and promote accurate science-based information. Verified has reached over a billion people in the last two years and has helped drive vaccine uptakes and dispel misinformation. In India, the program reached 250 million people in 11 languages, which helped increase vaccine uptake by 19 percent.

This program is based on three pillars:

a. The insights pillar comprising of primary and secondary research to identify the vulnerable communities, and their issues

b. Combat information ambiguity through trusted messengers by providing information and empowering people trusted by the vulnerable

c. The program has built a communications infrastructure in India that includes more than 500 CSOs, social media platforms, businesses, celebrities, faith leaders, doctors, scientists, government leaders, etc to gain and give accurate information in the voices of trusted messengers.

The further Purpose is continuously work with the UN to find ways to utilize this infrastructure for another issue where there is a need for verified information.

The chair of the session, **Dr. Sumantra Pal**, Economic Advisor, MWCD, opened the session by giving a presentation on the nexus between Economics and humans through an example of 'the emotion to care for others.' He stated that economics prioritizes self-interest, while a human equally considers the interest of others and therefore believes in a donation. Dr. Pal further explained the reasons/ cognitive biases leading to vaccine hesitancy among people. The first one is the confirmation bias which is often related to some myth or a prior negative belief that is difficult to overcome. In this case, it was related to rapid vaccine development and approval. In such a case people generally accept evidence that strengthens their prior belief and disregard the rest. The second is being the Negative bias, where people believe in the negative perception than the positive perception. In this case, it was related to the side effects of the vaccine. And the third was Optimism bias, where a person becomes optimistic about oneself i.e., one underestimates the likelihood of experiencing negative events.

Dr. Pal later demonstrated ways to address these biases through the wide distribution of IEC material. He explained IEC materials providing corrective information can backfire and reduce people's intent to get vaccinated and can further recall their original myths generating hesitancy amongst them. Rather, he said, the IEC material should be produced to educate on the mild symptoms people might experience after vaccination and how these symptoms are not serious but rather are a double assurance that the vaccination is working. The IEC material should also educate people on prosocial behaviour i.e., how vaccination shall not only protect the beneficiary but also the people around them, especially their family and the elderly. Such information will lead to the most acceptability towards the IEC material and increase vaccination acceptability among people. The last method is the Opt Out method which is already implemented through the Har Ghar Dastak campaigns etc.

Centre for Migration and Inclusive Development

The moderator, Dr. Sanjay Kumar addressed the following first question to Mr. Benoy Peter, "how can we ensure that inter-state migrant workers are covered by the vaccination programs and how should we address various challenges faced by them and ensure they are not excluded from the public healthcare system of their place of destination as this is a new place for them?"

Dr. Benoy Peter addressed this question and stated that most migration is based on better livelihood situations in other states. He said, most migrants would not migrate if they received adequate wages of at least 10,000 rupees at their native places. Which he further mentioned is a distant dream for many in rural areas. People who migrate are often from socially and economically disadvantaged backgrounds and crossing borders furthers their vulnerability due to additional language barriers and other similar restraints. From his experience, he said three factors work in the case of migrant workers – demand creation, provision of quality services, and an enabling environment. Focused interventions are required to identify and understand their needs and requirements especially to overcome the language barriers by providing information in their preferred language, for demand creation.

For the provision of quality services, it is important to reach out to people at a time and location convenient to them, with a communications team that can help them. He demonstrated with an example of a Brickkiln where mobile vehicles were deployed in the evening where workers are relatively free to administer vaccinations. Evening vaccination initiatives he explained, also help tap other vulnerable migrant workers like the foot-lose workers who look for employment at worksites. For an enabling environment, he stated, research evidence, political will, and partnership are necessary to strategize and implement flexible interventions considering a migrant worker's interest. Through such synergies, CIMD has reached and vaccinated around 70,000 migrants.

Following up on the answer Dr. Peter, Dr. Kumar further asked, "what steps can the government and the employers take to include the three factors you mentioned in your previous answer?"

Dr. Benoy Peter
Centre for Migration and Inclusive Development (CMID)

Dr. Peter answered that the best interest of the employer is to ensure that the workers are most productive. Therefore, it is the best investment of making sure that every step of primary and secondary intervention is taken to make sure that people have reduced out-of-pocket expenditures. Further to this, he explained that his organization, in collaboration with other stakeholders primarily NGOs and employers runs mobile vaccination clinics to reach some of the most vulnerable populations working in Brickkiln or fish processing units. There exists a mutual trust in working for the benefit of the migrant workers which ultimately is in the best interest of the employer. He further iterated that currently, the investments are majorly from the CSO and Government sectors, however, the employers and the business sector also need to come forward and subsequently invest in the welfare of their workers.

YUVA Mumbai

The next question was asked to Ms. Roshni Nuggehalli from YUVA. She was asked, "What according to you are the major barriers that you particularly the women migrants or women in migrating households face in terms of accessibility? And what are your recommendations and suggestions to overcome this issue?"

Ms. Roshni Nuggehalli answered saying that before addressing the barriers faced by women in particular it is important to understand the layers and causes. Internal migration is invisible – lack of connection to the city and separation from the family. Against the backdrop of fear, lack of communication, and lack of identity for migrant workers, the COVID -19 vaccinations were launched. Issues like extreme misinformation, travel restrictions, and the implementation of sudden lockdowns in a dictatorial manner, increased the mistrust of migrant workers in the government system. As a result, hesitancy was normal but was further aggravated by the process of delivery of the vaccination services, including prioritization of certain groups, heavy costs of vaccines, and digital mediation, etc. for women particularly, apart from the overall patriarchy related to men, they should get vaccinated first. Another important issue was the loss of work during the lockdown, which restricted women to households resulting in fading need for vaccination among them. Additionally, misinformation related to gynaecological issues was a huge barrier as well. Also, lack of awareness due to lack of accessibility to digital mediation platforms and the hesitancy of leaving the family and children unattended to take the vaccine added to their reluctance to inoculate.

Strengthen the public system at the local level. It was evident that places with strong and decentralized local systems saw better women's vaccination coverage as compared to others. There is also a requirement to build a community of trust for women migrants. This can be achieved by working effectively with the existing groups of women and students like the Self-Help Groups, Mahila Mandals, and Anganwadi Sevikas, etc. to ensure to build trust amongst the beneficiaries. She also said it is important to be contextual and specific when working with women – especially while generating outreach and IEC material for awareness generation. Also, on the ground, such work must be flexible to cater to the needs and requirements of that group.

As a follow-up question, Mr. Sanjay Kumar asked, "do you see a role of young people in promoting vaccination amongst migrant communities?"

Young people have played a huge role throughout the pandemic and YUVA also leveraged this. YUVA started a vaccine helpdesk both stationary and mobile, they were set up by the organization and run by the young. They were not only involved in awareness generation but also carried-out COWIN registrations and made follow-ups regarding inoculation timelines. They were a huge part of the movement during the pandemic, not only in the vaccination outreach actions but also with their questioning abilities they helped propose better solutions.

Mr. Sanjay Kumar rightfully concluded by saying, it is evident that community mobilization is important, and there is a need to engage with the communities and engage the young which will go a long way in the future to enhance and mobilize communities.

Purpose

The next Panellist was MS. Mandira Kalaan from Purpose. She was asked to answer, "what were the strategies/ tools you used to reach out to people and provide verified information?"

Ms. Kalaan explained, Purpose used several strategies to counter misinformation, however, one strategy that stood out was identifying information gaps amongst the target audience through verified sites, trusted messengers, and communities by collecting frequently asked questions by the target audiences. The organization was building communication and fact-checking based on the data and evidence coming directly from the community. This strategy allowed the organization to tailor the communication to address the existing gaps. Hyper-local campaigns were conducted to ensure needs and gender-specific information i.e., women were receiving information essential for them and not just generalized information. The organization also collaborated with fact-checking networks such as Misinformation Combat Alliance that helped understand patterns and trends of misinformation with a certain audience, communities, etc. based on the information and data collection strategies were built to target such misconception, hear-say, and partial information and build upon information that was reliable and relevant for the audience.

Following up on this, Dr. Sanjay further asked how to effectively navigate through and build resilience against misinformation.

Ms. Kalaan replied by saying, while many of us understand the concept of fake news, misinformation is far more complex and nuanced. In India for instance, despite the availability of specific government platforms to dispel misinformation, there was a lot of dispensation of the verified information by fake news and circulating misinformation which led to mistrust of the verified information. We need to support organizations and networks, monitor trends, narratives, different kinds of messengers, the impacts, new developments, and real-time events such as heat waves that impact the COVID-19 response. Knowledge sharing is built on impact measurements and lessons learned and sharing across networks, partners, and governments. Strengthening media infrastructure is key, to reaching mass audiences and specifically targeting vulnerable populations.

For communities who do not have access to mainstream media and digital information resources, we need to collaborate with local grassroots organizations, so that we can engage communities directly. Growing a coalition with trusted messengers who are relevant to the community and engaging them to persuade their audiences. Utilizing trusted messengers in such targeted manners is essential to relay scientific evidence and a narrative that is relatable and relevant to them. Therefore, a combination of all these targeted activities can help create an ecosystem of trust and tackle misinformation, as well as handle the risks and potential backfire of addressing misinformation.

Tata Institute of Social Sciences

The next panelist was Ms. Aparna Joshi from TISS. Ms. Aparna was asked to talk about the mental health and well-being of the migrant population, particularly when they are exposed to misinformation and fake news. What is the impact on their mental health and what suggestions to overcome this issue?

Ms. Aparna Joshi talked about the massive information volume and their overall effects on the psychosocial well-being of the community. She stated that given the digital divide and the overall reach of the information, certain parts did not receive adequate information, and certain other parts received an overabundance of information, which was seen being used as a coping mechanism, especially during the initial phases of the

pandemic. This created uncertainty and fear amongst people and led people into this vicious cycle of finding more information as means of coping mechanism. This information included both scientific and non-trusted information thereby creating further anxiety.

The Tata Institute of Social Sciences, she explained, runs a national-level helpline that provided some special psychosocial counselling services during COVID. The helpline received more than 200 calls from migrants within the first month of its establishment. She further exclaimed that misinformation not only had an impact on social well-being but also adversely impacted the social fabric that led to a lot of stigmas, hatred, discrimination, and violence of which migrants were seen as recipients. They faced a lot of problems during the lockdown, on one hand, they lost their identity in their state of employment, and on the other hand, they were not welcomed home due to lockdown restrictions. Considering this situation, Ms. Aparna believes one of the missing links in migrant work was mental and psychosocial health, where the institute realized that one reason for hesitancy in accepting vaccines was due to mistrust in the government services and in accessing mental health services. She stated that in India mental health is shrouded with stigma – 170 million people in this country need mental health services but there is a shortage of mental health professionals and the services provided are to be looked at 4 – 5 dimensions i.e., accessibility, affordability, quality, and relevance. One of the reasons for such mistrust was also because survival was a primary challenge during the initial phases.

Ms. Aparna further shed some light on steps to be taken in the future. She said mental health is often a neglected topic that needs attention. She further said that it is important to understand why migrant workers do not take mental health services and what barriers they face. Mental health is often understood in a bio-medical approach. However, considering the journey of a migrant worker, their entire journey is full of stressors related to economic, social, identity-related, cultural, educational, etc. therefore to make psychosocial support accessible to migrants it is necessary for the profession/ services to move away from their bio-medical meaning and needs to include these stressors a migrant worker faces during different stages of their journey. She also stressed the fact that migrants are not some homogenous, monolithic group but are a diverse group involving women, children, LGBTQ+, and people belonging to different communities.

Therefore, there is a need to develop mental health services that are generic but also relevant to the migrant's needs. This support shall not be provided in terms of diagnosing and providing medicines as it can increase fear and anxiety. Hence, an understanding is required to overcome this situation through a different lens which requires a dialogue with migrants to understand their needs concerning mental health support, and based on the same community-based approach, a self-help-based approach can be developed. In the end, Ms. Aparna firmly stated that it is essential that mental health should become an integral part of migration in general. And to reach a large number of migrants there is a requirement of a caste shift i.e., all the community stakeholders that are acceptable trusted members also need to be trained in providing basic support and referrals along with mental – health specialists.

Jan Saahas

The next panelist was Mr. Prateek from Jan Saahas. He was asked to elaborate upon the outreach strategies which were used to improve the vaccine confidence amongst the migrants and the challenges they faced.

Mr. Prateek
Jan Saahas

Mr. Prateek while answering this question said that the organization faced two major issues when they first started vaccination campaigns – lack of awareness and lack of access. Of the lack of awareness, there existed misinformation and negative perceptions surrounding the vaccination. To overcome this, Jan Saahas started reinforcing positive perceptions amongst people through collaborations with the PRIs, ASHA and Anganwadi workers, local-level stakeholders, and influencers.

The organization further trained its community-based organizations and volunteers with the correct information to reach out to communities. Something that helped the organization spread correct information, Mr. Prateek said, was the use of visually attractive techniques, therefore they developed IEC material, folk dances, and street plays for visual representations. These techniques especially proved helpful in tribal areas like Madhya Pradesh. During the process, Jan Saahas found two fears existing within the communities – 1. Fear of COVID – 19 and 2. Fear of vaccination. Fear of vaccination was covered through the before-mentioned activities and the former was addressed through clear and direct communication with the workers and communities to promote awareness of both the disease and vaccination.

Following up, Dr. Sanjay Kumar asked to provide one recommendation to improve the last mile reach to tackle misinformation and what kind of coordination is required with various stakeholders for the same.

Answering this question, Mr. Prateek appreciated the government's efforts and said that both, the central and the state government were proactive and through effective collaborations with the CSOs and other relevant stakeholders, the outreach objective was achieved. However, he said, if the PRIs and other local bodies like the local influencers, community-based organizations, etc were also effectively trained, this would have positively impacted the last mile outreach.

National Council of Applied Economic Research

The next panelist, Mr. Shantanu Pramanik was asked, "how do we cater to the specific needs of migrant workers, given their size and diversity variations amongst the migrant workers to develop a more sustainable and customized approach for them?"

Dr Shantanu Pramanik
National Council of Applied Economic Research (NCAER)

Mr. Shantanu answered by acknowledging that with the COVID – 19 challenges, some of which were specific to migrant workers, and some were inherent to the vaccination in general. It was apprehended that the digital divide would act as a major hindrance to vaccination coverage, especially with the coming of the COWIN app. But with time a lot of innovations and initiatives were introduced like the walk-in vaccination centres, near-to-home, and temporary vaccination centres, etc. With these initiatives access to vaccination was improved especially for a vulnerable population like migrant workers. However, other issues like a valid identity for a migrant were also witnessed for which key facilitator-based vaccination centres were introduced. This further created confusion amongst workers related to linking the vaccination doses if taken from different states.

Considering the discussed barriers, it is essential to identify migrant workers and provide relevant solutions to them and for this, there is a need to improve the gathering of data for identification and mapping. An overall challenge that initially affected both the general population and the migrant workers was the hesitancy towards vaccination, during this time the government's main focus was on supply challenges for an example storage facility for the doses, training of more vaccine administrators, making more vaccination centres available to the public, etc. therefore, less attention was paid to address the growing hesitancy amongst people, at the beginning.

Following–up on this, Dr. Sanjay asked how to use standardized migration data to facilitate coordinated policy reforms.

Appropriate use of data is essential, for example, the COWIN app made it possible to get timely data that was readily available which helped strategize and implement programs for many other events related to vaccination. However, there were many challenges to this data as well. Though vaccination coverage data disaggregated by gender and dosages were available, however, data as a combination of two factors was limited. The COWIN data can also be used to tackle misinformation, such as collecting data on adverse events following immunization and referencing it with test positivity rates and case fatality rates.

Disha Foundation

Next panelist Anjali, with your experiences, which is the most effective technique to reach out to migrant workers?

She answered, during the initial phase of working with migrants on vaccination and COVID-related information, on COVID appropriate behaviour the organization worked with the different sectors of workers like domestic workers, construction workers in Delhi NCR, agriculture workers, and construction workers in Maharashtra, and fishery sector workers and hospitality sector workers in Goa. In the process they adopted different awareness generation tools and techniques, varying from group to group. One of the learnings from working with such diverse groups was that groups sessions were not very effective in generating awareness because of different barriers and restrictions along with the fear of getting infected in such large gatherings.

To address this the organization identified and trained peers 'Shramik Mitras' amongst the migrant worker's groups, on COVID-appropriate behaviour and vaccination part. These Shramik Mitras were identified based on their familiarity and grasp of technological abilities and access to smartphones. Special WhatsApp groups for migrant workers were also created, for the circulation of IEC material. The organization also realized that video messaging was far more acceptable than readable material. This also resulted in the development of IEC and other information material in regional and local languages. IEC, as Ms. Anjali said was successful, however, more outreach was observed with online tools like Google Meet and WhatsApp networks.

Follow-up on this, what was your experience dealing with any kind of stigma, and how have you dealt with it was asked.

Ms. Anjali Borhade
DISHA Foundation

Ms. Barode explained, while working on the issue Disha Foundation conducted a rapid assessment study, in 6 locations – Delhi NCR, Maharashtra – Nagpur, Ahmednagar, Nasik, and Goa – both South and North Goa with 200 workers in each location. During the survey, it was found that workers had certain myths regarding COVID as well as vaccination. some of the common myths were weakness after vaccination or issues related to fertility, especially among females. She further recalled an incident in Nasik, where a person after the COVID – 19 doses became a magnet. Such incidents had adverse impacts on vaccine acceptance amongst migrants which also impacted the organization's campaigns. To combat such myths and misbeliefs, the organization worked closely with the peers of the workers as messengers for COVID information. The organization also worked with religious leaders, missionaries, and employers to spread information to migrant workers. Working with employers and key service providers, Ms. Anjali recalled proved important as when employers demanded vaccinated workers the rates of vaccination amongst migrant workers rose.

The last question, Dr. Sanjay Kumar, asked the panelists was about the lesson that we learned from the vaccination roll – out that should be implemented in the routine immunization of migrant workers or any other services.

Ms. Anjali said, all the public health programs/ services including immunization should by default include migrants and migrant workers. Dr. Benoy further

elaborated by saying that vaccination is a substantial investment in the prevention of diseases. He also humbly requested the Ministry of Health and Family Welfare to make the precautionary doses free of cost to migrant workers. Jan Sahas, answered by stating that segmentation is very important. He explained that migrant workers are exposed to various vulnerabilities and occupational health hazards, like Tuberculosis. To achieve this database like the e-SHRAM, COWIN can be made inclusive of attaining such information and prioritizing them based on the received information.

Audience questions:

1. *One participant shared their experience of the COVID-related initiatives taken in different parts of the country with unorganized sector workers, especially the industrial workers. He said the success of the COVID vaccination was due to strong, huge, and robust governance mechanisms and national-level campaigns. The participant also indicated the challenges of vaccinating migrant workers, particularly for NGOs working with mobile populations. Community mobilization and expanding vaccine centers to hard-to-reach locations are some successful measures that were implemented on the ground. The planning, logistics, and understanding challenges of front-line workers working with migrant populations are important. Therefore, sensitization training for frontline workers on migration is extremely vital. Working together with line departments, community-based organizations, and local representatives will show fruitful results.*

Concluding remarks

Closing remarks, "We learned a lot from this session and various experiments are going on throughout the world." He cited a research experiment from Japan, where costs attached to vaccination boosted the administration rate. Similarly, in India, he said such small-scale experiments can be conducted to understand the needs and responses of the audience. That will also be useful for designing future initiatives.

Session 4: Employers' Role in COVID – 19 Vaccination

Theme:

Employer's role in COVID-19 Vaccination: Set of actions to support COVID-19 vaccine adoption among employees.

Chair: Sachin Joshi, International Cooperation for Inclusive and Sustainable Development, UNIDO

Moderator: Amit Chowdhury, National Project Officer, IOM

Speakers:

1. Dr. Shubnum Singh,
   Principle Advisor, Healthcare, Confederation of Indian Industry (CII)
2. Col. Mahendra Singh,
   Head of Security and Vigilance, Maruti Suzuki
3. Dr. Chiranjeev Bhattacharjya,
   National Programme Manager, United Nations Development Programme (UNDP)
4. Mr. Praveen Kumar
   ASSOCHAM

Industry Stakeholders

Mr. Sachin Joshi
International Cooperation for Inclusive and Sustainable Development, UNIDO

Mr. Sachin Joshi, from UNIDO, also the chair of this session thanked the organizers for hosting the session on this important topic. Moving forward Mr. Joshi shared some remarks on this topic. He stated that "the role of the employers in achieving the good scale of vaccination is well noted and mentioned in the earlier session, but I think there is still a need to dissect the employers or private sector into different segments or categories." He further emphasized that there were stark differences seen in the treatment of migrant workers both during the start of the COVID first wave as well as the rolling out of vaccinations. There was a huge difference further observed between the formal and informal sector workers which in turn reflects upon a prevailing capacity gap amongst the employers in these two sectors. Additionally, he said there was a difference seen in employers' behaviour/ motivation to get their workers vaccinated during the second wave, to bring back businesses as compared to their little motivation

to handle the migrant workers during the first phase. Mr. Joshi also pointed out how certain other gaps were also observed during this pandemic, especially about the United Nations Principles on Business and Human Rights. He also said there were very important lessons learned from COVID and its vaccination drive, which are not only limited to health but can be adapted to another crisis where a similar migrant worker crisis could also emerge.

Mr. Amit Chowdhury, the moderator of this session spoke next. He emphasized the important role business enterprises play in society. This was also witnessed during the pandemic when the last-mile outreach was made possible with the help of employers and businesses. He later explained the theme of the session and started the session with Dr. Shubnum Singh, CII.

Confederation of Indian Industry

Dr. Shubnum Singh gave her opinion on the question, "has your association been able to identify industry-specific good practices regarding COVID – 19 vaccinations among migrant workers? And what are the strategies adopted for better public–private partnership in the vaccination program?"

She stated, "firstly CII in its role today considers itself as a developmental agency and in that regard, our role with the industry is to see how we can support both the businesses and the government in its developmental journey." She shared some of the CII's work related to the question. She also shared a report "Compendium of CIIs response to COVID management and mitigation' by the organization that she stated covers every aspect of the question put forward. She further shared the organization's journey of working on COVID which started on December 2019, with SIAM, an initiative with the automobile industry and CII in automotive work. The CII had started working with the Ministry of Heath on sensitization and response management immediately during the start of COVID.

Under this initiative, the first thing the organization did was to start a task force on healthcare by Dr. Naresh Trehan and Dr. Naushad Forbes, to initiate a multi-stakeholder engagement. Further sub-committees were created for this and gave support to N-VAC, getting information from the rest of the world, making coordinates of manufacturers, making this information available on digital platforms with the Government of India, identifying the manufacturers, and identify areas to import equipment. For this, the organization collaborated with companies like Maruti Suzuki and Mahindra and Mahindra to provide ventilator support. This all was achieved due to a multi-stakeholder commitment and engagement. Recalling one of the greatest learnings, Dr. Shubnum emphasized that "healthcare is not anymore, the domain and the preview of healthcare providers, it is the responsibility of every individual and cuts across every sector."

Dr. Shubnum Singh
Principle Advisor, Healthcare, Confederation of Indian Industry (CII)

Concerning vaccination, the organization focused on and worked with 3000 medium and small enterprises, for not only sensitization but sharing information on vaccination procurement. This was not only limited to employees but also their families and surrounding communities. There was also a very robust community project across CII's 68 offices where interactions with the Pradhan and the community were extremely critical. The organization also took the assistance of the Tele-Medicine services, working with the NITI – Aayog, CII released Tele – Medicine guidelines for doctors to empower them in providing the care. CII was also involved in providing EICU services and training services for healthcare workers to address the demand-supply gaps of healthcare workers. On a long-term pace, CII also worked with the Ministry of Health and Family Welfare on the TB eradication program. In the end, Dr. Shubnum comprehended by saying, that sensitization of state government, understanding individual state government issues and challenges of operational roll-out, is an area where the organization leveraged their multi-stakeholders to be able to provide solutions.

Associated Chambers of Commerce and Industry of India

The next panelist was Mr. Praveen Kumar from ASSOCHAM, who was asked, "what and if any directions were given to employers or companies to overcome such hesitancy or barriers against vaccinations? And what are the strategies adopted for better public–private partnership in the vaccination program?

Mr. Praveen explained the organization's initiative and response to the COVID hesitancy situation. Stating the phrase, "necessity is the mother of invention", he shared that the pandemic was a very new subject to react to, introspect and understand and find solutions to it. There was a quick response required to the building situation of migrant workers post-lockdown. Considering the situation, ASSOCHAM responded by providing cooked food to the workers. The organization further started the distributing of dry rations kits to almost 5000 persons with disabilities. In Jammu & Kashmir, under the SADBHAVNA program and in collaboration with the Indian Army, ASSOCHAM conducted a similar program in the valley. Lastly, they also targeted people with leprosy in Uttarakhand. He also recalled, ASSOCHAM's volunteers to provide the then requirement of Plasma. The volunteers included Panchayat members that were mobilized by the Gram Pradhan's, utilizing the organization's CSR team, and close to 700 donations were made in the state of Maharashtra. Later, the organization worked on the identified healthcare needs, and accessories that required modification as per the need of COVID responses. It collaborated with JLPN and Safdarjung Hospital for the same. The next requirement identified was masks, through the CSR program, ASSOCHAM provided close to 1 lakh masks and mobilized through local administration.

Mr. Praveen Kumar
ASSOCHAM

Further, COVID care centers were established in Gurgaon (now Gurugram), in collaboration with ACMA and CII. Finally, vaccination initiatives were carried out by identifying priority categories, and for the organization, it was the persons with disability (PwD), and it facilitated vaccinations for 5000 PwD. And to ensure accessibility, ASSOCHAM worked with the Department of Social Justice and Welfare to bring vaccinations to the doorsteps of the identified vulnerable people. He also recalled that ASSOCHAM was the first organization to declare free vaccination to all its 15,000 employees spread across India. For the second part of the question, Mr. Praveen explained the organization's collaboration with the GOI in generating awareness of various Government social security schemes and insurance policies. Behavioural change communications to people reluctant about the vaccination and for the same ASSOCHAM was part of different drives carried out for the same.

Towards the end, Mr. Praveen emphasized the need for collaboration. He stated "no one person can do it all. So, each one of us has certain deliverables." The government cannot do it all, everyone, including the corporates, have an active role to play in society.

Maruti Suzuki

The next panelist was Col. Mahendra Singh from Maruti Suzuki. He was asked, "what roles are employers playing to support COVID vaccination adoption amongst employees factoring in vaccine confidence and convenience in industry facilities? What kind of steps or guidelines from Government or industry representatives benefit from, to help alleviate anxiety and uncertainty surrounding COVID – 19 and vaccination, and does leading by example help?

Col. Mahendra shared his opinions on the asked question. He stated that "COVID – 19 was a curse and we all know that, and it was difficult for all of us." In Maruti Suzuki, he recalled, the Chairman provided a clear mandate to vaccinate everyone who is part of the industry. The organization also formed a task force that was managed by Col. Mahendra himself, for dispensing ventilators with CII. He shared, that during a shortage of vaccines, Maruti Suzuki approached both manufacturers for vaccine procurement, created camps in the industry campuses, and ensured administration for all workers. The cost of the first batch was also entirely borne by the corporate. There was some vaccine hesitancy observed in the beginning, for which the corporate acquired a very different strategy i.e., by incentivizing the vaccination process. Workers complaining of the

mildest symptoms were given leave, also doorstep inoculation services were initiated, moreover, vaccine costs including transportation costs to hospitals were reimbursed to workers who could not facilitate the doses provided by the corporate. The corporate since the beginning aimed to achieve 100percentt vaccination administration rates. More than 1.35 lakh (including both 1st and 2nd dose) doses were administered by the corporate, free of cost to its workers. Teams were set up to reach the migrant clusters and provide information to educate them on vaccinations. Government policies on non-access of public facilities to unvaccinated people were also used to spread awareness and boost inoculation amongst industry workers. 99.9 percent people have been successfully vaccinated, and the remaining 150 employees remain unvaccinated only for reasons of medical emergencies for which they don't want to take chances.

Col. Mahendra Singh
Head of Security and Vigilance, Maruti Suzuki

Answering the second part, Col. Mahendra stated the worst impact the second wave had on society, where numerous lives were lost. This also played a role in removing vaccine hesitancy which later turned into a problem of demand of vaccination. Although all this was addressed, certain lessons learned were, 1. We failed to convince people of the importance and necessity of vaccination is equivalent to Ayurveda, which is considerably more trusted amongst the Indians. 2. In the future, he said, the nation should be able to provide for each of its citizen's needs under various healthcare systems like Ayurveda, allopathy, homeopathy, etc. 3. Practical advertisements that can impact a person should be encouraged. In the end, he appreciated the government and the corporates and corporate organizations' efforts in collectively combating this situation.

UNDP

The next panelist Dr. Chiranjeev Bhattacharjya from UNDP, was asked to shed light upon, "with the lessons learned during COVID – 19 what types of strategies and tools can employers utilize to focus on health equity and health education amongst their employees? What kind of steps or guidelines from Government or industry representatives benefit from, to help alleviate anxiety and uncertainty surrounding COVID – 19 and vaccination?

Dr. Chiranjeev Bhattacharjya
National Programme Manager, United Nations Development Programme (UNDP)

Answering them, Dr. Bhattacharjya, stated that from the standpoint of achieving the SDG's leaving no one behind is the main motive of every UN organization. The primary highlight of the success of the COVID – 19 vaccination and response programs were the cohesion and convergence of collective efforts of multiple stakeholders. He called the COVID – 19 situation an unprecedented situation because measures taken during this time would have been implemented in the routine course of life. The major success factor as he stated before and one of the findings of UNDPs report was the cohesion and convergence of various government policies, programs, and guidelines by all stakeholders including employers of industry and private sector who helped reach out to their employees for awareness generation. Moving forward this convergence, he deliberated, needs to be institutionalized. Similarly, for the informal sector, associations including micro-level associations have played a crucial role. The nation must map these good practices for building an actionable plan, for addressing the health needs of the migrant population. He further emphasized on the role of technology in containing the virus.

With the success of the COWIN app, which he stated that UNDP helped the GOI with, has produced confidence in the Government to take such assistance out of the COVID vaccination system and apply it to other areas. He also stated that, in the coming days the COWIN system will be utilized for regular immunizations, especially for children and pregnant women. He also explained the current system of the COWIN app, where he shared that every month data is collected on the number of vaccines administered, which is not individualized and is likely to change shortly. This is critical for the migrant population because it will be in line with the Ayushmann Bharat Mission which is also known as the National digital health mission, under which unique health IDs are being created. This will establish a unique ID for each person on the COWIN app, leading to the easy mapping of migrant workers and universal accessibility of the healthcare system. He also stated that "we should not forget that technology is an enabler and not the endpoint, so the effort from the humans and the processes to continue as they are."

According to him, both the organized and unorganized sectors can develop an action plan, focusing on the specific health needs of the workers and employees can be addressed, which shall also include the important component of mental and psychosocial health. The research also brought out that in India people do have a structured idea of the healthcare needs of a migrant population. Therefore, more investments should go into research to identify the needs of migrant workers including different communities of migrant workers, and ways to address them like providing an integrated service delivery model. In the end, he said that the will and commitment as observed during the COVID – 19 pandemic shall be an important factor along with the strengthened public healthcare system.

Questions:

1. *A representative from EQUIDEM, asked that despite all the efforts being made to vaccinate populations, what are the obvious gaps that can be highlighted? How do you see trends in providing health care to workers from the law and policy perspective and how is this evolving?*

Mr. Praveen Kumar from ASSOCHAM responded that as the situation was rapidly evolving, and while Governments were adapting to the new requisite, some populations became vulnerable and migrant workers were one of them. The short reaction time by responders to this magnanimous problem made it difficult to ensure that no one was left behind. No one was prepared for a global pandemic and thus zero error in response was impossible to maintain. Not just the Government or civil society's efforts, but efforts made at individual levels was the significant impact made and that is something to expand on moving forward, not only to tackle global crises but also build back our societies stronger and more resilient.

On this, a representative from Gates Foundation stated that we need to reflect on what has worked and what needs to be done better. The pandemic has had different facets – the response, vaccination, and recovery. It is imperative to look at each of the sub-theme within the overall pandemic response differently. Focusing only on the vaccination, the two major aspects to be looked into are why has it been successful and how has it been successful. At the foundation we look at it from the three "R" perspective – recognition, reflection, and response. During the evolution of the vaccination programme, there have been challenges recognized and policies were changed accordingly. Partnerships, accountability, and transparency are crucially important in any setup. The government has been the lead and fulcrum that has brought together all the different stakeholders. There will be challenges but the pandemic has given us lessons and learnings as to how to collaborate, coordinate and complement efforts to overcome these challenges.

Dr Chiranjeev Bhattacharjya from UNDP mentioned that India was able to manufacture vaccines for its population as well as for the world making it the "Global Pharmacy of the world" which is highly commendable. After the lockdowns, the GOI declared a series of social benefits for those severely affected, and UNDP along with other agencies complimented the implementation of such initiatives, especially to the most marginalized populations such as those living with HIV, LGBTQ+ communities, migrant workers, etc. Multiple stakeholders should be included in such efforts for its success.

2. *How do industries ensure that their workforce, particularly the floating workforce, have access to and receive the first, second, and third vaccination doses? And do we prepare for future pandemics which are now foreseen to be occurring more frequently than before*

Dr. Shubnum Singh stressed that in an emerging situation when there is a zoonotic disease transmitted to human beings, you tend to learn on the job. No SOP or precedence guides responders to do their job and hence absorbance plays a key role in adapting to the situation. The turnaround time for the vaccines that were produced was unheard of, as it takes 15-17 years for vaccines to be researched, developed, and produced. Till we do not become more responsible as human beings, the risks are high since we are expanding into and handling wild animals closer. Lastly, the most important boardroom deliverable today is ESG which includes what you do with a contract labourer which in turn addresses migrant workers. From an insurance perspective, we are working very hard to engage with that missing middle to build a robust social network for better coordination and response. There is recognition, work done, and commitment from the industry to address the gaps in COVID-19 Vaccination coverage.

Concluding remarks

Mr. Sachin Joshi concluded by stating the three main takeaways from the session. First is that the private sector is an uncompromisable part of the solution to address gaps in vaccination coverage. Secondly, a multi-stakeholder combined effort is required. And thirdly, it is important to acknowledge the missing voice here. We use employers and the private sector as one homogenous group representing migrants, but that should not be the case. We need to hear from migrant workers, particularly those in the informal sector and low-medium enterprises in the formal sector. If we remove vaccination for a minute for this conversation and focus on the larger challenges of COVID-19, we will be able to see some of the fault lines that have not been addressed, since at present the success of the vaccination coverage has overshadowed these faults lines. This would be important to take into consideration especially when responding to future pandemics and crises that would particularly affect marginalized populations such as informal migrant workers.

Way Forward

Several key points were highlighted during the National Engagement on the way forward for supporting and building capacities of all stakeholders in ensuring migrant and mobile populations are being protected in this fight against the pandemic. The following key messages encapsulate the approaches for comprehensive and inclusive vaccination and protection measures, starting with a tailored migrant-specific outreach strategy - thus leaving no one behind.:

1. Beneficiaries without documentation including nomadic tribal populations, prison inmates, old age homes, people in rehabilitation centres and institutions, homeless populations, and orphanages should be prioritized.
2. Collaboration with NGOs and CSOs on spreading awareness by addressing the root causes behind vaccine hesitancy and anxiety, as well as countering misinformation, supporting mobilization, and supporting operations at vaccination sites is crucial.
3. Mobilization strategies through the use of public transport can be implemented to reach mobile populations. Vaccination camps setup at factory premises and other locations such as fuel stations, dhabas, and trucking halting points like logistics hubs, etc is also beneficial.
4. To reduce wage loses and curb extra travel costs for migrant workers specifically, special days can be assigned to carry out door-to-door immunization activities or evening vaccination initiatives. This activity can also include women and children who are often left back home.
5. Sensitization and capacity-building workshops are critical for employers, industry associations and truckers' associations that employ a large number of migrant workers.
6. Media strategies like a pictorial approach, loud-speaker announcements, street plays, jingles, etc can be executed to enhance awareness amount the targeted groups.
7. A stand-alone department for the health and safety of unorganized workers can be established to address the needs and concerns of migrant workers in the unorganized sector.
8. IEC material should be tailored to educate on the mild symptoms occurring after vaccination and assurance that these symptoms are not life-threatening but rather indicative of the effectiveness of the vaccine. The IEC material should also educate people on prosocial behaviour to increase vaccine acceptability i.e., how vaccination will also protect the people around them.
9. Demand creation, provision of quality services, and an enabling environment are the three most important factors to be considered.
10. Focused interventions are required to identify and understand migrants' needs and requirements, for example, to overcome the language barriers by providing information in their preferred language, to create demand.
11. For the provision of quality services, it is important to reach out to people at a time and location convenient to them, with a robust communications team that can amplify important messages.
12. For an enabling environment, research evidence, political will, and partnerships are necessary to strategize and implement flexible interventions considering a migrant worker's interest.
13. Strengthening the public system at the local level is crucial. Strong and decentralized local systems saw better women's vaccination coverage as compared to others. Therefore, a need to build a community of trust for women migrants by working effectively with the existing groups of women and students like the Self-Help Groups, Mahila Mandals, and Anganwadi Sevikas, etc.
14. It is important to be contextual and specific when working with women – especially while generating outreach and IEC material for awareness generation.

15. Young people play a vital role and should be leveraged, such as running vaccine helpdesks, being involved in awareness generation, carrying out COWIN registrations and follow-ups regarding inoculation timelines, etc.

16. Collaborate with fact-checking networks to help understand patterns and trends of misinformation with a certain audience, communities, etc. based on the information and data collection strategies to target misconception, hear-say, and partial information and build upon information that is reliable and relevant for the audience.

17. Monitor trends, narratives, types of messengers, the impacts, new developments, and real-time events (For eg. heat waves that impact the COVID-19 response). Knowledge sharing is built on impact measurements, lessons learned and sharing across networks, partners, and governments. Strengthening media infrastructure is also key, to reaching mass audiences and specifically targeting vulnerable populations.

18. It is important to note that migrants are homogenous but are a diverse group involving women, children, LGBTQ+, and people belonging to different communities.

19. It is extremely crucial for mental health initiatives to be an integral part of all migrant-related response and recovery initiatives.

20. Medium and small enterprises need to be included in sensitization and capacity-building initiatives as well as sharing information on vaccination procurement. This should not only be limited to employees but also their families and surrounding communities.

21. The private sector is an uncompromisable part of the solution to address gaps in vaccination coverage.

22. Cohesion and convergence of various government policies, programs, and guidelines by all stakeholders including employers of industry and private sector are important. Moving forward, this convergence needs to be institutionalized.

23. Even among migrant workers and communities, the most marginalized individuals such as those living with HIV, LGBTQ+ communities, people with disabilities etc, should be prioritized.

24. It is important to acknowledge the missing voice of migrant workers, particularly those in the informal sector and low-medium enterprises in the formal sector

25. Consideration of the three "R" perspectives – recognition, reflection, and response can provide fruitful results. Similarly, partnerships, accountability, and transparency are crucially important in any setup. Moving forward, collaborating, coordinating, and complementing each other's efforts to overcome inherent challenges is necessary.

NOTES

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