

# A Year of Vaccination



**MAY 2021-**  
**MAY 2022**

## Healing Fields Foundation

[healing-fields.org](http://healing-fields.org)

# Healing Fields Foundation

Healing Fields Foundation (HFF) is building vibrant eco-systems of rural health care in areas where basic health services are absent or severely deficient. We transform the voiceless and marginalized women through training and support into Community Healthcare Entrepreneurs (CHEs) as health leaders with a stake in the well-being of their communities. During the Covid-19 pandemic, 1216 CHEs were enabled as first responders to the ongoing crisis in their villages.

## Overview

Misinformation and fear created a dangerous cocktail impacting rural vaccination, while barriers to access like travel and cost further inhibited vaccine uptake. Available data lacked the granularity of village, block, or district level analysis, which limited strategic planning and understanding of regional differences. Healing Fields initiated response to lead rural vaccination across three key pillars: education, access facilitation, and documentation and analysis. Healing Fields has enabled crucial pandemic response, including

- **1,246 CHEs** trained on Covid-19 vaccination, prevention, and home care.
- **1.5 million** individuals reached with education
- **236,152** vaccinations facilitated between May 2021 and May 2022

## Key Insights

- Embedded health change agents were able to leverage their roles as leaders and community members to drive vaccine uptake increase demand through education.
- Collaboration with local functionaries like ASHAs, Gram Pradhans and Anganwadi workers helped overcome hesitancy and barriers to access.
- Women's access lagged behind that of men's, requiring more focused interventions to alleviate barriers.



## Pillar 1: Education

Fear of vaccination was a significant hurdle in rural villages, where the ill-informed have spread rumours of vaccination causing death or infertility. Because Healing Fields had already launched training to CHEs on key communication points about vaccination, they could counter these rumours in their communities. CHEs were given up-to-date and accurate content on the importance of the vaccine, its effects, and changing guidelines of eligibility. CHEs then shared this information with their communities through door-to-door education, small group sessions, and no-contact means like dindoras or banners. They mobilized village members and followed up with eligible candidates to ensure that full vaccination coverage was achieved. Due to their role as embedded change agents, CHEs were sought out by local ASHA workers to support them in creating awareness on the importance of vaccination. CHEs set up village level committees with these leaders and local volunteers for coordination. CHEs worked with other local functionaries like Gram Pradhans, ward leaders, and volunteers in the committees to encourage vaccination.

**1246 CHEs reached 1.5 million people with these activities.**

### Case Study: Arundhati, Chanapur Village, Uttar Pradesh

CHE Arundhati helped a woman named Sashi and her family to get vaccinated. Sashi, expecting her second child, was terrified even to visit the hospital for prenatal check-ups and vaccination. Arundhati addressed her fears and clarified all her doubts. Sashi belongs to a joint family with meager earnings, and elders and men are decision-makers. None of her family members had taken the vaccine, and she was scared of infections that could affect the child. Arundhati explained to Sashi and her family how the COVID-19 virus spreads and the role of vaccination. Arundhati also taught them best practices for covid prevention. She made three visits to the family and after the third visit, Sashi's family was convinced and the family received the vaccine to protect themselves and the pregnant mother. Sashi herself was vaccinated 4 months after her delivery.



## Pillar 2: Facilitating Access to Vaccination

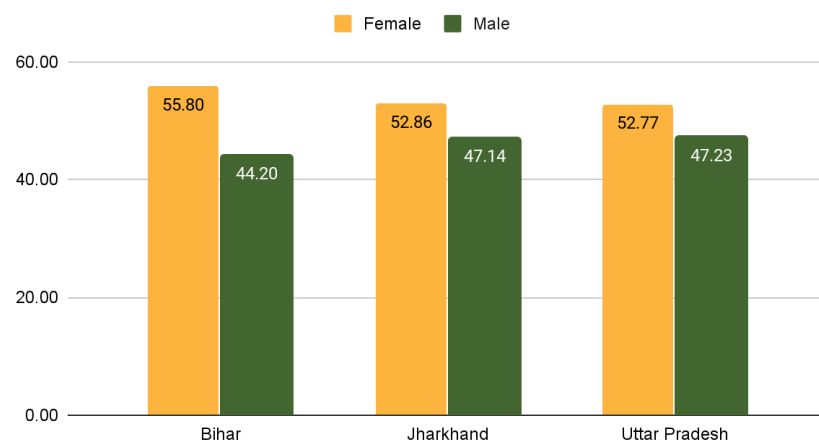
Even for individuals motivated to take the vaccine, barriers of access like distance and time created significant hurdles to vaccine coverage. Vaccination centres are often distantly located to the villages where our CHEs work, and the burden to already economically vulnerable due to loss of work or travel costs further inhibits vaccine motivation. CHEs worked with Gram Pradhans and local Primary Health Centers or Community Health Centers to arrange for vaccine camps in their villages or transport to

vaccine centres. CHEs also worked with the resilience committees they activated earlier in the pandemic and volunteers to generate accessible solutions

**Through camps, transport, education or personal support, CHEs facilitated 236,152 vaccinations in this year.**

CHEs found that these barriers of distance were compounded for women, who also experience limited autonomy. Also, in these states, men tend to migrate to developed cities for employment opportunities. These patterns resulted in CHEs facilitating more vaccines for women than men over the year-long period.

### Male and Female Ratio



*Figure 1: Ratio of vaccine facilitated for male versus female beneficiaries by CHEs*

#### Case Study: Juli Devi, Bihar

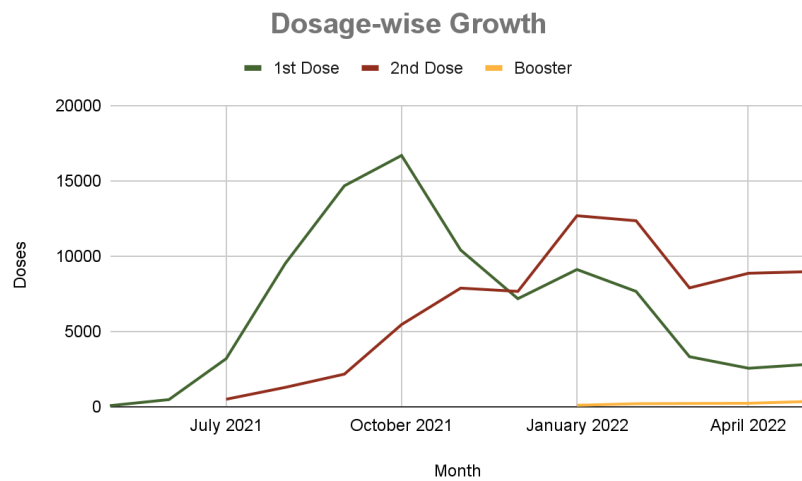
Juli Devi was trained by Healing Fields Foundation on COVID care, prevention, and vaccination. She has been sharing this information with her community through door-to-door visits and community meetings. She collaborated with the ASHA and ANM in her village to promote the benefits of vaccination through banners and dhindhoras. During this coverage of her community, she realized it was challenging for women to go to the Community Health Center for vaccination. So, she organized groups of women to go to the block level vaccination centre together. She went a step further to coordinate with government officials with the support of Healing Fields' field staff in order to host vaccination camps within the village, so it was accessible to all. She has since hosted three such camps and is working to ensure full vaccination for all members of her community.



## Pillar 3: Documentation and Analysis

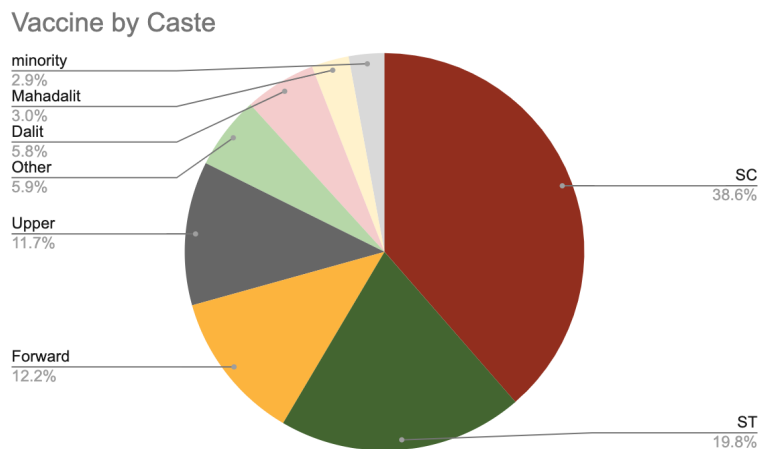
Very little data existed reflecting the vaccination trends in rural villages. This data is crucial for creating response plans that address community needs and understanding the reality in these remote locations. Healing Fields created digital tools that allowed CHEs to provide beneficiary level information as they facilitated vaccination. The content was verified by our field team during on-ground visits. The data illuminated patterns like declining first dose rates that necessitated CHEs to increase individualized follow up that ensured second doses.

*Figure 2: Dosage-wise growth across all areas May 2021-May 2022*



This granularity of data allows Healing Fields to focus on the most vulnerable community to ensure no group gets left behind. Women, lower caste groups, and lower income groups were found to need more direct facilitation by the embedded change agent.

*Figure 3: Percentage breakdown of vaccination by caste*



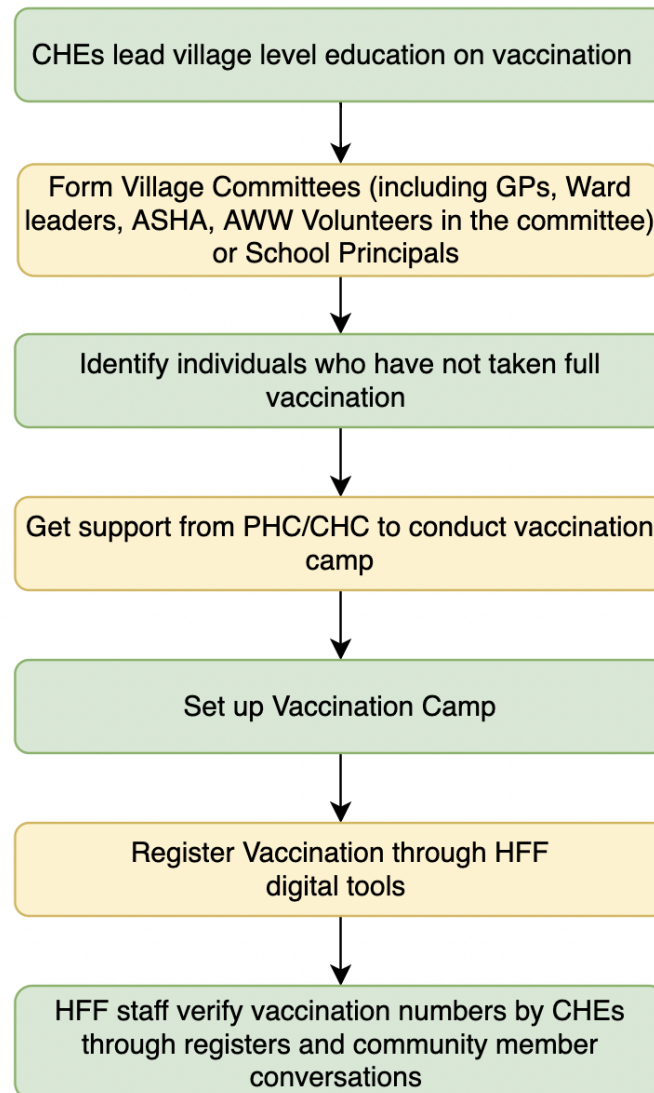
## Key Challenges and Solutions

Challenge	Solution
Misinformation	Consistent, clear and accurate education from CHEs in the village
Gendered limitations to access	Group transportation to vaccination facilities and local camps



Support from District and Block administration was limited	CHEs and Healing Fields staff collaborated with village level functionaries while Healing Fields provided training and supplies to CHEs and frontline functionaries.
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## Process Overview



## Next Steps

Healing Fields will continue to support CHEs as they leverage their role as health change agents to encourage ongoing vaccination in their communities, and pivot to solving health ecosystem challenges through innovative programs and digital solutions.